



Payment Deferment Application

Each resident is allowed one deferment per year.

PROPERTY INFORMATION:

Street Number: _____ Street Name: _____

Account Number: _____

Property Owners Name: _____

Deferment Reasons: Medical: _____ Socio-Economic: _____ Date Received: ____/____/____

Deferment Criteria:

- _____ No Deferments in the past 12 months
- _____ Past Payments are paid in a timely manner.
- _____ Deferment is requested within 7 days of Past Due Date.

Medical Criteria:

A Medical Reason must be provided on Physician Letterhead, Explanation of Illness/Injury, Signed and dated by Physician.

Customer Signature: _____ / ____/ ____

Utility Committee:

Joe Hammond, Mayor: _____ / ____/ ____

Debra Shelton, Village Administrator: _____ / ____/ ____

Wendy Hastings, Fiscal Officer: _____ / ____/ ____