

# TOWN OF HOLIDAY LAKES

195 NORTH TEXAS AVENUE

RR 4 BOX 747

ANGLETON, TEXAS 77515

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

AMOUNT PAST DUE \_\_\_\_\_

REQUESTED PAYMENT DATE \_\_\_\_\_

\*IF DISCONNECTED, TOTAL AMOUNT DUE \_\_\_\_\_

PURSUANT TO THE ABOVE REFERENCED INFORMATION, I AM REQUESTING AN EXTENSION ON MY UTILITY BILL.

I ACKNOWLEDGE UNDERSTANDING THAT IF PAYMENT IS NOT RECEIVED ON THE ABOVE DATE AS AGREED, SERVICE WILL BE DISCONNECTED AND WILL INCUR A RECONNECTION FEE IN THE AMOUNT OF \$30.00.

IF DISCONNECTED, I UNDERSTAND THAT THE ABOVE REFERENCED FEE WILL BE REQUIRED PRIOR TO RESTORATION OF SERVICE.

\*THIS AMOUNT INCLUDES ALL SERVICE FEES CURRENTLY DUE, PENALTY CHARGES, AND RECONNECTION FEES.

\_\_\_\_\_  
SIGNATURE OF CUSTOMER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVAL OF TOWN OF HOLIDAY LAKES

\_\_\_\_\_  
DATE