



The Village of Watkins Glen
303 North Franklin Street
Watkins Glen, NY 14891
Phone: (607)-535-2736
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Utility Payment Agreement Application

Customer Name: _____

Service Address: _____

Phone: _____ Account Number: _____

Amount Owing: \$ _____

This is an agreement between _____ and the Village of Watkins Glen for said customer to be able to make regular installment payments on the past due amount owing for utilities.

IT IS AGREED that the Village of Watkins Glen will not turn your utilities off as long as you make the payments agreed upon herein on time.

IT IS AGREED that a down payment of at least one-half (1/2) of the total amount owing will be paid at the time this Agreement is executed.

IT IS AGREED that the total amount owing for past due Electric, Water and Sewer is \$_____ as of _____. Payments toward the past due amount will first be applied to the electric account until that is paid in full, then to the water account until that is paid in full and lastly to the sewer account until that is paid in full.

IT IS AGREED that the down payment of \$_____ will be paid the date this Agreement is signed and then payments equaling one-fourth (1/4) of the remaining balance (\$_____) will be made on the _____ day of each month hereafter for the next four (4) months.

IT IS AGREED that you will pay the full amount of your regular monthly utility bill **IN ADDITION** to the installment payments arranged pursuant to this agreement.

If payments pursuant to this Agreement are not paid on time, OR if you should fail to pay your regular monthly utility bill on time during the duration of their Agreement, the Village of Watkins Glen **WILL SHUT OFF YOUR UTILITIES WITHOUT FURTHER NOTICE TO YOU**. It is your responsibility to make your payments towards this installment agreement along with your monthly utility bill payments on time.

I, _____, have read and understand the information above and desire to enter into an installment payment Agreement as outlined above.

CUSTOMER SIGNATURE _____ DATE: _____

VILLAGE SIGNATURE _____ DATE: _____