City of White House Utility Account Extension Request

Name:_____ **Phone #:**_____

Account #:_____ **Address:**_____

Email address:_____

Total balance: $_____ **Requested date to pay in full:** _____

Briefly explain in area below reason for extension request.

_____

_____

_____

_____

_____

_____ _____

Signature Date

***All requests must be received in office three business days before the printed disconnect date on monthly billing statement in order to be considered for review that month.**

This request is not a guaranteed arrangement or approval. Upon review our office will contact you with final request information. *

For Office Use Only

Approve _____ **Deny**_____ **Approve w/modification**_____

Suggested modification: _____

_____ _____

Utility Specialist Signature Date

_____ _____

Finance Director Signature Date

_____ _____

City Administrator Signature Date

Aging balance: Total_____ **Current**_____ **31-60 days**_____ **61-90 days**_____ **91 – 120 days**_____ **Over 120 days**_____