



Cabazon Water District

14-618 Broadway St. • P.O. Box 297
Cabazon, California 92230

**PAYMENT EXTENSION AGREEMENT FOR NORMAL CUSTOMERS - CABAZON
WATER DISTRICT RULES AND REGULATIONS GOVERNING WATER SERVICE
ARTICLE 10, SECTION 10.1.3(d)**

Date: _____ Account # _____

Name: _____ Address: _____

Phone # _____

Total Balance of Account: \$ _____ **Monthly Payment Amount: \$ _____**

I _____, do hereby agree to make monthly payment(s) on my past due account in the amount listed above as the Monthly Payment Amount, **PLUS pay the CURRENT BILL**, on the following dates:

On or before the 20th day of each month listed below:.

- 1st Payment Month: _____
- 2nd Payment Month: _____
- 3rd Payment Month: _____
- 4th Payment Month: _____
- 5th Payment Month: _____
- 6th Payment Month: _____

I understand that if I fail to make the payment(s) as indicated above **PLUS the CURRENT BILL**, my service will be subject to **DISCONNECTION**. **Penalties and Interest will continue to accrue**. Additional charges will be added for Door Tag and Reconnection Fee.

If water service is disconnected, fire sprinklers (if any) would be inoperative until water service is restored.

Customer Signature

Cabazon Water Representative

Business (951) 849-4442 • FAX (951) 849-2519