Town of

Office of Water & Sewer Commission Tel: 860-739-6931 • Fax: 860-739-6930



East Lyme

Post Office Box 519 Niantic, Connecticut 06357

PLEASE NOTE, AN INITIAL PAYMENT IS DUE AT THE TIME OF SETTING UP THIS AGREEMENT

<u>DELINQUENT ACCOUNT AGREEMENT</u> <u>WATER & SEWER USAGE</u>

I		of	<i>_</i>	
		ee to pay the balance du	e on my water and sewer 	usage
Initial Payment	Re	sulting Balance		
Cell #	Work #	Home	t	
The methods of paym	ent will be in the f	ollowing manner:		
Weekly in the amount	: of:			
Monthly in the amour	nt of			
PAYMENT IS DUE ON			R SER VICE WILL BE TUR	NED
OFF ON	IF PA	AYMENT IS NOT RECEIVE	D BY THE DUE DATE.	
AGREEMENT, AND W	ATER SERVICE WIL	L BE TERMINATED. ALS	OF THE DELINQUENT ACC O A \$75.00 TURN ON CHA VILL BE DUE AND PAYABL	ARGE
Dated this day in Nian	tic, CT	day of	20	
Signature:				
Initials of Dept. Emplo	vee:	Copy of agreement	give	