

Village of Genoa City Utility Department

755 Fellows Rd., Genoa City, WI 53128 (262) 279-6472

WATER/SEWER DEFERRED PAYMENT AGREEMENT

I agree that the Total Amount Due on my Utility Bill is \$					
l agre	ee to pay a Down Pa	yment of \$	(at least 25% of	balance due)	
Paym	nent is in form of <i>(ple</i>	ease check payment	type): 🗖 Check#	🗖 Cash	n □ Credit Card
Tota	l amount to be paid	in installments: \$_	(see ii	nstallment table below)
	Payment Amount	Due Date	Date Paid	Amount Paid	Balance
	THE AGREED INSTALLMENTS PLUS THE CURRENT BILL SHALL BE PAID BY DUE DATES.				
	Please return completed form along with down payment to: Village Hall, Drop Box or Email to:				
office@vi.genoacity.wi.gov (if payment is made online)					
Please initial that you have read and agree to the following:					
It is agreed that upon default of an installment, the entire balance will become due, and service may be disconnected upon ten (10) days written notice. Upon default, nothing herein shall constitute a waiver of the rights on the part of the Utility to collect the unpaid balance or to prevent it from exercising its right to disconnect service because of such delinquency. In the event service is disconnected, the utility may require a deposit under PSC 185.36 to ensure payment of future bills. If customer has not fulfilled terms of a deferred payment agreement and there has not been significant change in the customer's ability to pay since the agreement was negotiated, the utility shall have the right to disconnect pursuant to (§PSC 185.37) and under such circumstances, it shall not be required to offer subsequent negotiation of a deferred payment agreement prior to disconnection.					
agre term issu Allo	ns of this agreeme e that you owe the ns, you may ask th es. Signing this ag	nt are unreasona e amount due und e Public Service (greement does no urrent service to b	ble, DO NOT SIGN der the agreement Commission, 1-80 ot affect your resp pecome delinquer	yment agreement; i IT. If you sign this a . If you and the utili 0-225-7729, to revie onsibility to pay for at places you in defa	agreement, you ty cannot agree on w the disputed your current service.
Cust	omer Signature:			Date:	
	Name:			Phone #	
Acco	unt #	Se	rvice Address:		