

ROUTE _____

**APPLICATION FOR PAYMENT ARRANGEMENTS
WITH
CABOT WATERWORKS**

NAME: _____ **DATE:** _____

PHONE # _____ **ACCOUNT #** _____

SERVICE ADDRESS: _____

AMOUNT OF BILL: _____

**\$25.00 DISCONNECT STATUS FEE WILL BE ADDED IF PAYMENT
ARRANGEMENTS ARE NOT KEPT, AND WATER SERVICE WILL BE
DISCONNECTED UNTIL FULL PAYMENT IS RECEIVED.**

TOTAL AMOUNT TO BE PAID:\$ _____

DATE TO BE PAID BY: _____

**I AGREE TO THE TERMS OF THIS ARRANGEMENT. IF I DO NOT FULFILL THIS
ARRANGEMENT I WILL NO LONGER BE ELIGIBLE FOR FURTHER PAYMENT
ARRANGEMENTS AND MY WATER SERVICE WILL BE DISCONNECTED. IN THE EVENT
THAT THIS SHOULD OCCUR; I AGREE TO PAY MY BILL IN FULL BEFORE THE
RESTORATION OF WATER SERVICE.**

SIGNATURE OF APPLICANT: _____ **DATE:** _____

AMOUNT:\$ _____

APPROVAL SIGNATURE: _____