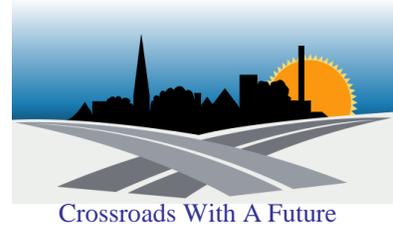


**Village of Johnson Creek**

125 Depot Street  
P.O. Box 238  
Johnson Creek, WI 53038  
Phone (920) 699-2296  
Fax (920) 699-2292



**DEFERRED PAYMENT AGREEMENT FORM**

***Requirements of payment agreement:***

1. Payment of a reasonable amount of the arrears at the time the agreement is made.
2. Remaining arrears are to be paid by a certain date or in installments as stated below.
3. Payment of current balance must be made by the due date.

**Total arrears balance for utility service: \$ \_\_\_\_\_.**

I agree to pay the arrears balance of \$\_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_\_ by 9:00 am

OR

I agree to pay \$\_\_\_\_\_ installments on a weekly/bi-weekly basis (circle one) on Mondays/Tuesdays/Wednesdays/Thursdays/Fridays (circle one) until the arrears balance is paid in full.

***Failure to fulfill the terms of this agreement may result in disconnection of service.***

**YOU HAVE THE RIGHT TO SUGGEST A DIFFERENT PAYMENT AGREEMENT. IF YOU ARE NOT SATISFIED WITH THIS AGREEMENT, DO NOT SIGN IT. IF YOU DO NOT AGREE WITH THE TERMS STATED ON THIS FORM, YOU MAY ASK THE PUBLIC SERVICE COMMISSION TO REVIEW THE DISPUTED ISSUES BY CALLING 1-800-225-7729.**

**BY SIGNING THIS FORM, YOU AGREE THAT YOU OWE THE AMOUNT DUE AS LISTED ON THIS FORM AND GIVE UP YOUR RIGHT TO DISPUTE THE CHARGES.**

**BY SIGNING THIS FORM YOU AGREE TO PAY FOR CURRENT UTILITY BILLS ON THE DATE THEY ARE DUE. ALLOWING ANY BILL FOR CURRENT SERVICE TO BECOME DELINQUENT PLACES YOU IN DEFAULT OF THIS AGREEMENT.**

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Date of Agreement: \_\_\_\_/\_\_\_\_/\_\_\_\_\_