EXTENSION REQUEST FORM HIGH BILLING

- 1) No one except the person whose name is on the account or the legal spouse of said person can request any action on an account.
- 2) Extensions cannot exceed three months.
- 3) Request has to be received prior to the 10th of the month.
- 4) No more than one (1) extension will be granted per calendar year (Jan-Dec).

Instructions: To request an extension to pay your utility bill, complete the information below and return this form to the Town of Oak Grove Water Dept. via any of the following methods.

In Person or Mail Oak Grove Water Dept. 407 East Main St. Oak Grove, LA 71263

Email			
ogwater2@yahoo.com			
Fax			
318-428-4556			

	Account Name:					
	Service Address:					
Phone #: _	Bill Amount: \$	Extended Dt:				
	PLEASE INITIAL EACH LINE					
	I understand that the break down of the high bill PLUS the current bill due each month is due on or before the 20th of the month at 4pm. I understand that if I fail to pay the full balance by the above-mentioned date, I am subject to the immediate cutoff without further notification. I understand I am allowed only one extension per calendar year and that under NO circumstances will an extension be granted on this extension.					
					I hereby request that the Town of Oak Grove del of my bill.	ay without penalty the payment date
				Signature:	·	Date:
					**** FOR OFFIC USE	E ONLY***
Account #:_		Customer Contacted:				
	Approved Denied	Date:				
	Approved Defiled	By phone: In Person:				
Reason for	Denial:					
	Deman.	 Posted:				
		Processed by				