106 West "B" Street P.O. Box 100 Rainier, Oregon 97048



Phone (503) 556-7301 Fax (503) 556-3200 www.cityofrainier.com

Past Due Payment Agreement

It is agreed as follow	ws:		
I,First Name	Last Name	9	$_{_}$ will pay the balance of
\$Enter balance on this line	on my utility bill,	account #ente	on r account #
Due Date	Payment Amount	Date Paid	Amount
Address		Phone	
with this agreemed immediately with	ent will result in t out notice and not rges, plus the resto	he customer's restored until a	nier that failure to comp water being turned of after payment of curre is paid in full as stated
This agreement is e	entered into on (Today's date) Mont	th D	ay Year
	Signature of account holder		