



City of Stayton

Administration • Finance
362 N. Third Avenue • Stayton, OR 97383
Phone: (503) 769-3425 • Fax (503) 769-1456

Number of Requests _____ out of 4

UTILITY BILLING PAYMENT EXTENSION REQUEST AND AGREEMENT

Account No#: _____ Full Balance owe \$ _____

Account Name: _____ Account Address: _____

I agree to make full payment in the amount of \$ _____ Prior to **4:00 p.m.** on: _____, for the account indicated above. Should I fail to make the payment by the time agreed to, I understand and agree that the City of Stayton may discontinue water service to the address indicated immediately and without further notice. I understand that a **\$50.00** processing fee will be waived only if payment is made by the date and time indicated above. I understand that a payment extension may only be made with the concurrence of the Finance Director and must be under unique and unusual circumstances. I understand there is a limit of four occurrences per year which can be claimed unless directed differently by the Stayton City Council.

I understand the Finance Director may increase to double the average monthly billing of the past year to access the amount of the utility deposit if payments have been delinquent more than three times in the past year. I acknowledge that I am the party responsible for this account, or I am the authorized agent for the tenant or owner, and by my signature hold the City of Stayton Harmless from any and all liability related to the collection of this account and the discontinuance of water and sewer for non-payment.

Date: _____ Signed: _____
Owner, Tenant, or Authorized Agent

Request for utility payment extension is: Approved; Denied.

Date: _____ Signed: _____
Finance Director, City of Stayton