

WAYNE CATHCART
MAYOR



STEPHANIE SULLIVANT
TOWN CLERK

OFFICE: 965-2781

TOWN OF BENTON
P.O. BOX 1390
BENTON, LA 71006

FAX: 965-2577

EXTENSION REQUEST FORM

- 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 ten (10) days past the turn off date.
- 3) Amount extended cannot exceed deposit amount on file.
- 4) Request has to be received prior to the 18th of the month.
- 5) No more than one (1) extensions will be granted per calendar year.

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

| <i>In Person</i> | <i>Mail</i> | <i>Fax</i> |
|---|---|-----------------------------------|
| Town Hall 105 Sibley St. Benton, La 71006 | Town of Benton P.O. Box 1390 Benton, La 71006 | 318-965-2577 Attn: Water Dept. |

Account Name: _____

Service Address: _____

Phone #: _____ Bill Amount: \$ _____ Extended Date: _____

*** PLEASE INITIAL EACH LINE**

_____ 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** extensions per calendar year. I understand that under NO circumstances will an extension be granted on this extension.

I hereby request that the Town of Benton delay without penalty the payment date of my water bill.

Signature: _____ **Date:** _____

**** **FOR OFFICE USE ONLY** ****

Account #: _____

Customer Contacted on _____

_____ by phone
_____ in person

Approved? _____ Denied? _____

Reason for Denial: _____

Posted on system _____

Processed by _____

Initials