



Account Number: _____

CITY OF GALION, OHIO

UTILITY BILLING

115 Harding Way East Galion, Ohio 44833
voice (419) 468-6611 fax (419) 468-8216

REQUEST FOR EXTENSION TO PAY A DELINQUENT PAST DUE

Any City of Galion residential utility customer is eligible to make a request for an extension.

In addition, only requests for an extension made on or before the Friday before the pre-determined shut off date will be considered. No extension requests will be considered after the Friday before the scheduled shut off date.

- Completion of this form does not guarantee that an extension to pay will be granted.
- This form must be received by the City of Galion Utility Office on or before the Friday prior to the shut off date on the customer's bill. **Extension requests shall be made in person at the Utility Billing Office located at 115 Harding Way East, or by completing the on-line extension form and forwarding it to the office.**
- The standard extension for the **Total Delinquent** amount to be paid is (8) calendar days from the pre-determined shut off date on your bill. For example, if you are requesting an extension and the shut off date is August 16th, your total delinquent amount will be due on or before August 24th.

Date Form Submitted: ____/____/____ Your Phone Number: _____

Total Delinquent Amount Due: \$ _____ Requested Due Date: ____/____/____

Name on Account: _____
(Please print)

Account Address: _____
(Please print)

By signing below, I am stating that I understand the following:

- If the total delinquent amount, stated above, is not PAID IN FULL as agreed, my service will be disconnected without any additional notices.
- If service is terminated, due to non-payment of an extension, service will not be reconnected until the total account balance, plus a \$50.00 reconnection fee, is paid in full. An adult (18 years of age or older) must be present when utilities are reconnected since the City can assume NO liability for damages caused by open faucets, leaks, etc. Reconnection on the same day as payment is not guaranteed.
- **THIS AGREEMENT OVERRIDES THE DUE DATE ON THE DELINQUENT NOTICE RECEIVED AFTER SIGNING THIS AGREEMENT.**
- **No additional time will be given on an extension to pay. This form is only a request for an extension – your request may or may not be approved.**

Signature of Party Requesting Extension to Pay: _____

Today's Date: ____/____/____

For Office Use Only: Total Delinquent Amount due: _____

Extension Approved? YES or N O

Administrative Clerk's Initials: _____