

**City of Collinsville**  
**P. O. Box 649**  
**Collinsville, TX 76233-0649**  
**903-429-6225**

**Utility Payment Extension Agreement Application**

**Name:** \_\_\_\_\_

**Address of Service:** \_\_\_\_\_

**Date of Extension:** \_\_\_\_\_

**I understand that by requesting an extension for payment of my City of Collinsville utility bill that an extra 15% penalty will be added to my bill for each day that my payment is extended beyond the 16<sup>th</sup> day of the month to a maximum of five (5) days.**

**If the 16<sup>th</sup> day of the month falls on a weekend or holiday, the first regular scheduled work day for City Hall afterwards will be considered the 16<sup>th</sup> day of the month and each day extended from that point will be considered an extension day.**

**The 15% penalty will be calculated on the face value of the bill and will be re-calculated each and every day that the extension is granted at the 15% penalty rate for a maximum of five (5) days.**

**Failure to meet the conditions of this agreement described herein will result in the City of Collinsville's services being discontinued until the entire bill and penalties are paid in full.**

**By signing my signature below, I signify that I understand and accept the conditions of this agreement.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**