

VILLAGE OF BLANCHARDVILLE
208 Mason Street
Blanchardville, WI 53516
608.523.4521/FAX 608.523.4321

I, _____ at water service _____
_____ (Account _____), mailing address _____

_____ agree to pay to the Village of Blanchardville for
past due utility bill(s) in the amount of \$ _____ per week/bi-weekly (CIRCLE ONE)
until the past due bill(s) have been paid.

The amount past due as of _____ is \$ _____
Normal late fees and penalties will continue to accrue until the bill is current

**I understand that this agreement may be revoked by the Village if I do not keep the
current bill paid by the due date listed on the bill AND the Village has the authority
by the PSC to turn off my water service for this contract breach.**

This will result in a turn on fee once my bill has been paid in order to restore water service

SIGNATURE:

DATE:

FOR OFFICE USE ONLY

RECEIVED BY: _____

DATE: _____