VILLAGE OF FAIRMONT



635 6TH AVE - PO BOX 156

FAIRMONT, NE 68354

PHONE: 402.268.3341

PAYMENT ARRANGEMENT FORM

I/We wish to make the following payment arrangement with the Village of Fairmont for my/our past utility bill(s): This form must be filled out and signed by the person or persons requesting the payment arrangement.

(PRINT NAME)		(DATE)	
(SERVICE ADDRESS)			
DATE OF LAST PAYM	ENT ARRANGEMENT FORM SUBMI	TTED:	
BILLING DATE(s):	TOTAL AM	TOTAL AMOUNT DUE: \$	
	DATE OF PAYMENT:	AMOUNT: \$	
	DATE OF PAYMENT:	AMOUNT: \$	
I FURTHER UNDERSTANI):		
business day b 2. A check return disconnected a 3. If Utility Servic disconnection 4. If this paymen (CUSTOMER SIGNATURE) By signing above, I am verif	y 11:00 AM. ed for insufficient funds will be considered in item #1, in addition to any e is disconnected, it will not be reconnected. We have the mean to the me		
VILLAGE BOARD AC			
The Fairmont Village	e Board of Trustees:		
Approves	Payment Arrangement(s)		
Denies Pa	yment Arrangement(s):		
	(Reaso	on if Applicable)	
Dated:		Revised 6/30/2021	