



CITY OF MOUNT CLEMENS

- Office of the Treasurer -
Mount Clemens, Michigan

WATER PAYMENT ARRANGEMENTS

I _____ HEREBY AGREE TO THE FOLLOWING
NAME (PLEASE PRINT)
ARRANGEMENTS TO PAY OFF MY WATER BILL TOTALING \$ _____.

I ACKNOWLEDGE THAT IF I MISS A PAYMENT, MY WATER WILL BE SHUT OFF AND STAY OFF UNTIL PAID IN FULL BY CASH, MONEY ORDER, OR CERTIFIED CHECK PLUS AN ADDITIONAL \$25.00 TURN ON FEE.

SIGNATURE

DATE

ADDRESS

ACCOUNT NO.