

**CITY OF RAWLINS**  
**TIME PAYMENT AGREEMENT**

Date: \_\_\_\_\_ Account # \_\_\_\_\_

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

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Past Due: \$ \_\_\_\_\_

City of Rawlins Policy allows customers to execute a time-payment agreement in order to bring their accounts current, thereby avoiding termination of service. At the time of this agreement, the customer will have up to 30 days to pay all balances due.

**In addition, subsequent monthly bills must be paid on or before their past due dates.**

**PLEASE NOTE:** This agreement also serves as prior notice that if any payment is not made on the agreed dates, or if subsequent monthly billings become delinquent during the term of this agreement, we will submit this account to collections, without further notice or warning.

\_\_\_\_\_  
CITY OF RAWLINS FINANCE DEPARTMENT

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**AFFIDAVIT:**

I, \_\_\_\_\_, understand the terms and conditions of this time-payment agreement.

Finance Director \_\_\_\_\_ Date \_\_\_\_\_