



# City of Taylors Falls

## Sewer & Water Department

637 First Street  
Taylors Falls MN 55084

Phone: 651-465-5133  
Fax: 651-465-4603

### City of Taylors Falls Water/Sewer Contract for Payment of Delinquent Bill

Date of Contract: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

#### Agreement:

#### PAYMENT SCHEDULE \*

(All payments must be made on the dates listed or the account will be put back on the current months shut off list)

| <u>Date of Payment</u> | <u>Current Charges</u> | <u>Delinquent Payment</u> | <u>Total Payment</u> |
|------------------------|------------------------|---------------------------|----------------------|
| _____                  | _____                  | _____                     | _____                |
| _____                  | _____                  | _____                     | _____                |
| _____                  | _____                  | _____                     | _____                |
| _____                  | _____                  | _____                     | _____                |
| _____                  | _____                  | _____                     | _____                |
| _____                  | _____                  | _____                     | _____                |

### NOTE: Payment must include current amount due and payment on delinquent amount \*\*\*\*\*

\* I agree to pay the amounts listed above on the date(s) listed above. I understand that if I do not make said payment by 4:30 p.m. on the said due dates, I will be placed on the water shut off list and my water service will be disconnected.

I understand that this will be my only notice of service discontinuation. I also understand that the City will not contract for payment with me again on delinquent water/sewer account if I do not make the said payments.

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*Please fill out, sign and return contract to City Hall, ATTN: Jayna Yeske, Deputy Clerk-Treasurer*

\_\_\_\_\_  
(Signature)

| PAYMENTS RECEIVED (To be filled out by Water/Sewer Billing Clerk) |                       |                    |
|---|-----------------------|--------------------|
| <u>Payment Date</u>   | <u>Payment Amount</u> | <u>Balance Due</u> |
| _____   | _____                 | Beg. Bal. _____    |
| _____   | _____                 | _____              |
| _____   | _____                 | _____              |