

CITY OF MCLOUTH
110 N. UNION STREET
MCLOUTH, KS 66054
913-796-6411
913-796-6131 (FAX)

For office use only:

Date: _____, 20_____

Amount Paid: \$_____

Check #: _____ Cash

Received by: _____

EXTENSION AGREEMENT

Date: _____

Agreement Between: _____ and The City of McLouth
(Print your name here)

<input type="checkbox"/>	1st Agreement
<input type="checkbox"/>	2 nd Agreement
<input type="checkbox"/>	____ Agreement

(Check Appropriate Box)

Per The City of McLouth Payment Policy:

2 Extensions will be permitted during a calendar year.

Additional extensions will require a hearing with the Mayor &/or City Council or a designee.

Utilities at: _____ McLouth, KS. 66054
(Address)

Account Number: _____ - _____ - _____ Balance due: \$_____

I agree to pay: \$_____ to the "City of McLouth"
(Amount to be paid)

On or Before: _____ by 1:00pm.
(Date you will pay)

I understand that this is a legally binding agreement and my utilities will be Shut Off if I do not honor my agreement.

Signed: _____ Date: _____.

Phone: (home) _____ - _____ - _____ (cell) _____ - _____ - _____

E-mail Address: _____

Approved by : _____.