



ACCOUNT #: \_\_\_\_\_

**AGREEMENT AND WAIVER OF NOTICE**

I, \_\_\_\_\_, hereby represent that I am currently a domestic subscriber at \_\_\_\_\_ of the City of Crete Utility System and that I have a delinquent bill for electric, water and sewer service in the amount of \$\_\_\_\_\_ **\$2/day.**

I understand that I will be charged **\$2.00** per day until paid in full. **Must pay in Cash, Cashier's check, Credit Card and/or Money Order (no checks allowed).**

I further acknowledge that I represent all other users of the domestic service at the above location and that I have received notice of discontinuance of service and hereby understand that if agreed payment is not made my utility service will be discontinued.

I hereby agree to make payment to the City of Crete for my delinquent utility bill in the following manner:

Amount of Bill:	\$
Reconnect Fee (if any):	\$
Late Fees (\$2.00/day):	\$
Total Amount Due:	\$
<b>Date Due (By 3:00 p.m.)</b>	

I further understand that in consideration for the extension of time to pay my delinquent utility bill that I hereby waive any further notice of discontinuance of service that may be required under S70-1601, et. Seq., R.R.S., 1943, and hereby understand that if I do not fulfill the terms of this agreement the City of Crete will be allowed to disconnect my service without any further notice being required.

Reason for  
Waiver: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

X

Customer Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Customer Phone Number

FOR OFFICE USE ONLY

**Hardship reason (check one):**

- ☐ Medical Expense
- ☐ Loss of Income (Job, SSI, Child Support and/or ETC – to be determined)
- ☐ Certain expenses to repair casualty losses to a principal residence (such as losses from fires, earthquakes, or floods)
- ☐ Possible foreclosure or eviction
- ☐ Burial or funeral expenses
- ☐ Life altering events \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Not Approved – Reason \_\_\_\_\_

- ☐ Primary Customer – Check account and make sure ID matches name on account
- ☐ Reoccurring – Check to see prior waivers on account in the last year # \_\_\_\_\_  
When was last waiver on account \_\_\_\_\_

- ☐ Payment made on account as agreed
- ☐ Disconnection for nonpayment
- ☐ Reconnected (additional \$40.00 + waiver)
- ☐ Forwarded for collection

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Circle Payment Type:  
Cash  
Cashier's Chk  
Credit Card  
Money Order

Finance Director approval signature and date:

\_\_\_\_\_

City Administrator/Office Manager/City Clerk approval signature and date:

\_\_\_\_\_