



OHIO COUNTY WATER DISTRICT

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OHIO COUNTY WATER DISTRICT PAYMENT ARRANGEMENT

NAME OF CUSTOMER _____ ACCOUNT NO. _____

SERVICE ADDRESS _____ PHONE NO. _____

AMOUNT _____

I, _____, am the Responsible Party for the account at the above service address. I am requesting the Ohio County Water District to accept this partial payment plan. I understand that water service will be terminated without additional notice if I fail to meet the obligations of the plan. Full payment of the entire amount and any additional fees owed on the account must be paid before services are restored. Balance will be subject to penalty for any un-paid balance account after the 10th of the month.

I, _____, agree to pay the payment agreement of \$ _____ plus my regular bill \$ _____ each month by the 10th for a period of ____ (__) months or until the balance is paid. The minimum payment total per month shall be \$ _____. If payment agreement is not kept, water service will be immediately disconnected and the balance owed in full must be paid prior to reconnecting service.

Date entered into agreement of partial payment plan: _____

Print Name: _____ *Date:* _____

Signature of person requesting a partial payment plan: _____

OCWD Employee Witness: _____ *Date:* _____