



City of Forest Hill Utility Billing
3219 California Pkwy
Forest Hill, TX 76119
OFFICE: 817-568-3030
FAX: 817-984-8259

PAYMENT EXTENSION REQUEST

Date: _____

ADDRESS: _____ Phone _____

ACCOUNT: _____

I AGREE TO PAY \$ _____ on _____

- Person requesting extension must be account holder.
- This agreement does not stop any **penalty** charges from being applied to account.
- I understand if I do not keep my agreement, service will be terminated with an additional \$50.00 added and no further arrangements will be accepted.
- It is the responsibility of the customer to verify extension has been approved.
- Extension request must be requested and approved no later than 5:00 p.m. the day prior to cutoff date.

Signature: _____

*THIS FORM MAY BE FAXED TO 817-984-8259
OR
BROUGHT TO CITY HALL UTILITY BILLING*

Date: _____ UB Personnel: _____ Approved: _____