

Town of Manchester
Water/Sewer Emergency Payment System
ADMINISTRATIVE POLICY

An extension of Water/Sewer payments may be granted subject to the following conditions:

1. Circumstances requiring a payment plan shall be deemed necessary due to a particular economic hardship as determined and approved by the Water/Sewer Billing Clerk in the absence of a Town Manager.
2. An individual or an account shall be eligible for no more than two (2) Emergency Payment Systems in any three (3) year period.
3. Before the System shall be implemented, an initial payment of fifty percent (50%) of the entire Bill, including the ten percent (10%) late penalty, must be made,
4. An administrative fee of fifteen dollars (\$15.00) shall be charged for costs incurred by the Town in providing this payment service; this fee shall be paid in the remaining payment obligation(s),
5. The Emergency Payment System Agreement delineating payment obligations shall be completed and signed by the applicant prior to water service turn-off,
6. Payment(s) shall be made on or before 12 p.m. noon of each date specified in the Agreement,
7. Failure to meet the payment obligations of any listed Agreement date(s) shall result in discontinuance of water service to said account,
8. Should water service be discontinued, as stated above, restoration of service shall not be made until the so noted account, including both the administrative fee and the water turn-off fee of fifty dollars (\$50.00) is paid in full.

**TOWN OF MANCHESTER
WATER/SEWER EMERGENCY PAYMENT SYSTEM
AGREEMENT**

DATE: _____

ACCOUNT NUMBER: _____

NAME: _____

ADDRESS: _____

WATER/SEWER BILL - QUARTER ENDING _____

As the resident currently residing at the above stated address and the party responsible for the payment of the quarterly water and sewer bills, I hereby request of the Town of Manchester the opportunity to make payments on the above-referenced bill. The need for this request is as follows:

By the signing of this payment agreement with the Town of Manchester, I hereby accept the responsibilities and terms stated on the reverse side of this document.

Signed: _____ **Date:** _____
Resident

Authorized By: _____ **Date:** _____
Town Official

<u>PAYMENT SCHEDULE</u>		
	Beginning Balance	_____
	Admin Fee	_____
	Total Due	_____
DATE	AMOUNT PAID	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____