

VAN BUREN COUNTY WATER  
ASSOCIATION

REQUEST FOR DELAYED PAYMENT

Because of a hardship beyond my control I request that my water  
be left on until Date: \_\_\_\_\_, and I not be charged a  
disconnect for non-payment fee if I pay by the above date.

My hardship is due to the following:

Job Loss

Illness

High bill due to water leak

Other – Explain:

Signed: \_\_\_\_\_.

Acct. No. \_\_\_\_\_.

Address: \_\_\_\_\_.

Approved by: \_\_\_\_\_.