



Town of Warrenton Public Works

113 S Bragg St | PO Box 281
Warrenton, NC 27589
Office: (252) 257-3315 | Fax: (252) 257-9219
warrenton.nc.gov

Payment Plan Request

Name _____

Account Number _____

Phone Number _____

Service Address _____

Account Balance _____

Number of Payments Requested _____

- a. Up to 3 payments for balances under \$600
- b. Up to 4 payments for balances \$ 601 - \$1000
- c. Up to 5 payments for balances over \$1001

I, the undersigned, acknowledge that upon approval, I will assume responsibility for making timely payments as outlined in the scheduled payment plan. I understand that failure to make any payment or to submit the current monthly bill by the designated late payment date may result in the cancellation of this payment plan. Consequently, the total outstanding balance would become due immediately, including any applicable fees, and my account may be subject to disconnection of services.

Signature _____ Date _____

For Town of Warrenton Use Only

Within the Last Two (2) Years Has There Been Any:

Late Payments? ☐ Yes ☐ No

Disconnections? ☐ Yes ☐ No

Active Payment Plans? ☐ Yes ☐ No

Does this account have an active leak? ☐ Yes ☐ No

Eligible for Requested Payment Plan? ☐ Yes ☐ No

Pending Sewer Adjustment? ☐ Yes ☐ No

Gallons _____

\$ Amount _____

Requires Board Approval? ☐ Yes ☐ No

Date of BOC Meeting _____

Clerk Initials _____ Date _____

Payment Plan Request: ☐ Approved ☐ Denied

Total Payment Plan Amount _____

Number of Payments _____

Monthly Payment _____

Monthly payment plus current bill will be due before the late payment date each month.

First Payment Due _____

Notes:

Town Administrator Signature _____ Date _____