

Citrus County Utilities
 3600 W Sovereign Path
 Lecanto, FL 34461-9014
 Ph: (352) 527-7650, Fx: (352) 527-7644
 Email: waterresources@citrusbocc.com

PARTIAL PAYMENT AGREEMENT FORM (PPA)

CUSTOMER NAME:	
SITE ADDRESS:	
CITY, STATE, ZIP:	
CONTACT NUMBER:	
ACCOUNT NUMBER:	

Total Amount of PPA as date signed: (This amount is the total amount you the customer are agreeing to completely pay off when this agreement is fulfilled).	\$	
Amount of each Payment(s):		
Specify Frequency of each Payment:		
First payment to be received by the Utility on:		
Specify any special conditions for Payment(s):		

OFFICE USE ONLY

Check One: APPROVED
 DISAPPROVED
 REVISED

Comments:

Director Signature: _____

Signature Date: _____

Employee Processing PPA form:

TERMS & CONDITIONS:

- ** I agree to the above Partial Payment Agreement (PPA) in order to pay off the account balance.
- ** I understand that failure to abide by any conditions of this PPA may result in discontinuation of service immediately, without notification.
- ** I understand that this PPA set forth **MUST** be paid by the agreed date(s) and with the agreed amount(s), or this arrangement will become null and void.
- ** I understand the total past due amount may be required to turn utility service back on, in the event of a broken PPA.
- ** I understand this PPA does not exempt my account from occurring late fees on any balance outstanding beyond the due date on the bill.
- ** I understand this PPA does not exempt my account from receiving final notices on outstanding balances.
- ** I understand that if I break this agreement, I will not be eligible for another Partial Payment Agreement for 365 days from the date I broke this agreement.
- ** I understand **all PPA payments are due by 12 noon** on all agreed dates.

Customer Signature: _____ Signed Date: _____

I have read & understand all Terms & Conditions
 Customer's Initials: _____