

Water Office
1100 Walnut Street
Coshocton, OH 43812

740-622-2626
740-623-5927-Fax



Mark Mills
Mayor

David A. Kadri
Utilities Director

PAYMENT PLAN AGREEMENT

I, _____, do understand and agree that I owe the

City Water Department \$_____ for account # _____

at _____. I agree to

pay \$_____ on _____ and \$_____

monthly as well as keep my present bill current.

Beginning billing month of _____ for # of months _____.

Finally, I understand that should I fail to honor this payment plan my water service will be shut off without further notice.

Print Name

Signature

Date

Phone Number

This form must be completed and then approved by the Director.

DIRECTOR

DATE APPROVED