

Bloomfield Utility Department

P.O. Box 388
Phone: (262) 279-5020

W974 Pell Lake Drive

PELL LAKE, WI 53157-0388
Fax: (262) 279-0196

DEFERRED PAYMENT AGREEMENT

Name _____ Daytime Phone #: _____

Mailing Address _____

Street Address _____

Account Number _____ - _____ Balance Due \$ _____

I have voluntarily entered into a Deferred Payment Agreement with the Bloomfield Utility Department. The terms of this agreement are based on (circle one):

- a. **Size of delinquent account**
- b. **Payment history**
- c. **Length of time account has been in arrears**
- d. **Past Deferred Payment Agreements**
- e. **Other – household size, income, necessary expenses**

Also, I understand that at the time this agreement is signed, a reasonable amount of payment must be made and that **ALL future bills be paid in full by the due date.**

If this agreement is not met and there is an existing medical emergency in my home, I will furnish the Bloomfield Utility Department with a signed statement by either a licensed Wisconsin Physician or a public health official. The statement must identify the medical emergency and specify the period of time during which disconnection will aggravate the emergency. Disconnection of service will be delayed up to 21 days.

If an applicant for service has NOT fulfilled the terms of a Deferred Payment Agreement, the Bloomfield Utility Department shall have the right to disconnect service or refuse service in accordance with these rules and under such circumstances, it shall NOT be required to offer subsequent negotiation of a Deferred Payment Agreement prior to disconnection. Any further signing of a Deferred Payment Agreement after default will require the following down payments: After first default = 25%, after second default = 50%, after third default = 75%. No further negotiations will be accepted after fourth default.

I agree to pay:

1. \$ _____ every week as follows: _____,
_____, _____,
_____, _____.
2. \$ _____ each month as follows: _____,
_____.
3. \$ _____ by _____.
4. \$ _____.

MUST BE PAID IN FULL BEFORE NEXT QUARTERLY BILLING GOES OUT.

If payment is not received by the agreed upon due date, I understand that I will forfeit the terms of this agreement and the full unpaid balance will then become due and that my service will be disconnected if payment is not received. **I further understand that it is my responsibility to make sure that the payment is received by the due date.**

Signature _____

Date _____

You have the right to suggest a different payment agreement. If you believe the terms of this agreement are unreasonable, DO NOT SIGN IT. If you and the utility cannot agree on terms, you may ask the Public Service Commission to review the disputed issues. If you sign this agreement, you agree that you owe the amount due under the agreement. Signing this agreement does not affect your responsibility to pay for your current service. Allowing any bill for current service to become delinquent places you in default of this agreement. Per PSC Administrative Code 185.38