



PO Box 194
Riverside, TX 77367
Phone: 936-594-5793

Request for leak adjustment

I, _____ request to use the

25% off 50% off Catastrophic

leak adjustment due to a leak in _____ (Month/Year) for my account located at _____.

I understand that this is a one-time adjustment at this rate.

Deferred payments

By execution of this Agreement, the undersigned Customer agrees to payment of outstanding debt for water utility service as set forth below:

Customer agrees to pay \$ _____ per month, for a period of _____ months, in addition to current monthly water utility service rates, fees, and charges, until the account is paid in full. Any fees normally assessed by the district on any unpaid balance shall apply to the declining unpaid balance.

Failure to fulfill the terms of this Agreement shall institute the district's disconnection procedures, unless other satisfactory arrangements are made by the Customer and approved by the district's authorized representative.

If failure to pay results in disconnection of service, all fees and full remaining balance of this agreement must be paid in full in order to reconnect water service.

Date _____ Account# _____ Customer: _____

Address/Phone#: _____

Customer Signature: _____ RSUD Representative: _____