



105 Shelby Street
PO Box 487
Blacksburg, SC 29702
(864) 839 2332
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Mayor
David A. Hogue

Administrator
Charlene Carter

Town Clerk
Laura B. Foster

Payment Agreement

Name: _____

Account #: _____

Address: _____

I agree to one of the following listed below and will complete payments according to this agreement until my bill is paid in full. If I do not fulfill this payment agreement or miss payments my water will be turned off.

I agree to:

_____ Make payments in the amount of \$_____ every month and pay my regular bill.

_____ Make payment in full in the amount of \$_____ on the date of _____.

We will try to complete Re-connections on the same day as agreement is made.

Customer Signature: _____ Date: _____

Administration Signature: _____ Date: _____