

Kempner Water Supply Corp.

P.O. Box 103

Kempner, Texas 76539

(512)932-3701

Fax (512)932-2546

(254)547-9430

PAYMENT EXTENSION FORM

DATE: _____

NAME: _____

ACCOUNT #: _____

ADDRESS: _____

I, _____, REQUEST PERMISSION TO EXTEND PAYMENT OF MY
WATER BILL UNTIL (DATE) _____. I UNDERSTAND THAT ALL LATE FEES
AND/OR PENALTIES WILL BE INCLUDED IN THE PAYMENT AND ANY OTHER CHARGES
THAT OCCUR IN THE PAST DUE BALANCE.

I UNDERSTAND IF PAYMENT IS NOT MADE IN FULL BY THIS DATE, THEN THE WATER
SERVICE WILL BE TERMINATED.

CUSTOMER SIGNATURE

MEMBER SIGNATURE AND/OR DESIGNEE

KEMPNER WSC REPRESENTATIVE

APPROVED DATE