

Tate Monroe Water Assn., Inc.

2599 SR 232 NEW RICHMOND, OHIO 45157
PHONE: 513-734-2236
FAX: 513-734-7950

Request for an Payment Plan/Extension

- Completion of this form **does not** guarantee that an payment plan/extension to pay will be granted.
- This form must be received by Tate-Monroe Water Association at least 3 business days before the due date.
- If the property owner has requested that an payment plan/extension to pay not be granted without his/her permission, it is the tenant's responsibility to contact the property owner for approval and necessary documentation must be completed.
- Prior to final approval, the first payment must be received by the due date of the bill the request for payment plan/extension is being submitted for.

Complete the following information:

Date Form Submitted _____ Account Number: _____

Name: _____ Phone Number: _____
(Please Print)

Service Address: _____, _____, OH _____
Street City Zip

Mailing Address: _____, _____, _____
Street City State Zip

Reason for Extension:

By signing below, I am stating that I understand the following:

- **If approved** the Request for Payment Plan/Extension:
 - I agree to complete the Extension Agreement and return by due date provided. If payments are not received in accordance with the Extension Agreement terms and conditions, I understand the Extension will be null and void and full balance will be due.
- **If denied** the Request for Payment Plan/Extension:
 - Balance is due prior to the close of business on the due date provided on the bill. If balance is not received by due date, the account will be accessed a 10% penalty and become Delinquent. Once Delinquent, the balance on the account must be paid in full within 15 days to avoid additional fees and disruption in service.

Signature of Party Requesting Payment Plan/Extension to Pay: _____ Date: _____

Completed forms may be submitted by:

Email - office@tatemonroe.com

Faxed - (513)-734-7950

Mailed or in person - 2599 St. Rt. 232, New Richmond, OH 45157

Office Use Only:

Account Number: _____

Date Received: _____

Landlord Approval Required? Yes or No

If Yes, date approval received? _____

Circle one: **APPROVED** or **DENIED**

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.