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ABN: 68 284 130 046

Office Use:

Document ID:

Account No.:

Account Status:

Water Payment Arrangement

All fields are required to be completed.

Account Details

Property Address: _____

Account Name/s: _____

Contact Number: _____ Email Address: _____

Postal Address (if different from Property Address): _____

Payment Details

If this Arrangement is made before the pay by date of the original notice

- Maximum of four weeks extension is given from due date

If this Arrangement is made on or after the pay by date of the original notice

- Half of the outstanding amount must be paid before an extension is given.
- Maximum of two weeks extension is given from payment date.

Current Balance Outstanding: \$ _____ *(after monies paid towards account on agreement date)*

Date of Instalment	Amount of Instalment	
1.		
2.		
3.		<i>Only applicable if arrangement is made BEFORE Due Date</i>
4.		<i>Only applicable if arrangement is made BEFORE Due Date</i>

Signature to agreement

The Municipal Council of Roxby Downs or Roxby Water is under no obligation to enter any payment arrangement outside the normal water supply account terms.

I understand that any default in the payment arrangement will result in the balance owing becoming immediately due and will result in Debt Collection without further notice.

I understand that this payment arrangement is for the current balance outstanding stated above not for any future charges.

I am authorised to enter this arrangement as the owner of the account.

I agree to contact the Water Services Officer at Council in writing if I am unable to keep this agreement.

Signed: _____

Name (print): _____ Date: ____ / ____ / ____

Office Use Only

Accepted Rejected Amended By (print name): _____

Signed: _____ Date: ____ / ____ / ____