



BELIZE WATER SERVICES LTD

ARRANGEMENT FOR PAYMENT OF ARREARS/BILLS BY INSTALLMENTS

ACCOUNT NO. _____ SOCIAL SECURITY NO: _____

I, _____ hereby request that I be allowed to make payments by installments of \$ _____ per week/month, commencing on _____ towards \$ _____ arrears accumulated on my account for period _____ to _____ and as such will completely pay all arrears by _____ or I will be eligible for disconnection. I also hereby agree to the following conditions:

1. Failure to honor my obligations as stated above will render this arrangement void and make me eligible for disconnection. Legal action will be taken if not kept.
2. This arrangement is made for only the arrears stated above and does not include any bills I may receive after the date indicated on this form. Non-payment of any such bills makes me eligible for disconnection.

Customer's Signature: _____

Date: _____

Approved By: _____
Customer Service Manager

Date: _____