



DEFERRED SUSPENSION OF
SERVICE AGREEMENT

Date: _____

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

SERVICE

ADDRESS: _____

PHONE: _____

EMAIL: _____

This agreement is entered into by Nueces County Water Control and Improvement District No. 3 (District) and _____ (Customer), for a 14 calendar day deferred suspension of water service at the above address.

I agree to pay the full amount of _____ due on the above referenced account no later than _____. I understand that if I fail to meet the terms of this agreement, my account will be subject to the returned payment policy, my water service will be subject to the District's policies on suspension and termination and my account may be subject to any additional fees associated with nonpayment of accounts that will accrue during the term of this agreement (delinquent fee, service termination, etc.).

Customer Name (PRINT)

Customer Signature

Date

FOR OFFICE USE ONLY

DATE DEFERRMENT APPROVED: _____

DATE AGREEMENT CLOSED: _____