

Village of Gilberts
87 Galligan Road
Gilberts, Illinois 60136
847-428-4167

DELINQUENT PAYMENT AGREEMENT

NAME: _____ TENANT: Y / N

PROPERTY ADDRESS: _____

HOME PHONE # _____ WORK: _____ CELL#: _____

ACCOUNT # _____

In order to avoid disconnection of water and/or sewer service, I hereby agree to make payments for water and water charges (against the delinquency on my account) as shown below, to bring the account current. I understand that if any one of the payments listed below is not made in good funds and on time, or if any current billings are not timely paid, **the Village of Gilberts without further notice will terminate the water and/or sewer service for this account;** this Agreement will immediately become null and void; and the full amount for water and/or sewer service will become immediately due and payable in full.

In addition to the amounts due pursuant to this Agreement, I must also pay all current billings when due. I also understand that in order to restore service after any disconnection, I will be required to pay in **cash** the full remaining balance, and a \$100 reconnection fee. The Village may file a lien on the property in the amount of any unpaid charges. If the Village files suit to collect any unpaid amounts due for water and/or sewer service, you may be liable to pay the Village's court costs and attorney fees, as provided by Village Code.

I understand that this Agreement is an accommodation offered to me by the Village of Gilberts, and if I fail to meet the terms of this Agreement, it will be at the Village's sole discretion whether or not I am offered any other delinquent payment agreement.

If you have any questions regarding this Agreement, or if a problem should arise, please call 847-428-4167 immediately. You must inform this office of any change in mailing address, or any change in circumstances, which may affect your payment schedule.

Remember, your communication to the Village regarding this Agreement is vital.

Re: _____
Address of Property

Current balance owing: \$ _____

Payment Schedule:

Payment Date	Payment Amount	Amount Paid	Balance

TAKE NOTE: ONE MISSED PAYMENT IS GROUNDS FOR IMMEDIATE SHUT OFF OF SERVICE.

DATE

Signature

Signature

Landlord

Accepted by Village: _____
Signature