CIVIL TOWN OF LAGRANGE 1201 N Townline Road LAGRANGE IN 46761 260*463*3241

PAYMENT AGREEMENT

CUSTOMER N	JAME		DATE:			
ADDRESS:		PHONE#				
FIRE INCIDENT#		S	IDEWALK REIMB	UTILITY		
TOTAL AMOUT OF INVOICE		9	8			
LESS INITIAL PAYMENT		9	8			
BALANCE DUE		5	5			
DUE DATE	AMOUNT DUE		DATE PAID	AMOUNT PAID	REC'D BY/REC#	
I hereby agree to fulfill the above agreement to pay for services indicated. I understand that if I do not pay as agreed upon, the agreement will become void and the total amount will become due immediately. Failure to comply with the conditions of this agreement will result in the entire past due amount being subject to collection, resulting in additional charges.						
Customer Signature			Town of LaGrange Representative			