



City of Liberty Hill

UTILITY BILLING

City of Liberty Hill
926 Loop 332 – P.O. Box 1920
Liberty Hill, Texas 78642

Office Hours: 8 a.m. to 5 p.m., M-F
Office Phone: 512-778-5449
Email: abean@LibertyHillTX.gov

Utilities Payout Contract

Today's Date:	Phone Number:
Account Holder Name:	Account Number:
Account Address:	Email address:
I understand that my current account balance is: \$ _____	

I agree to make a down payment of \$ _____ on or before _____.

I understand this Utilities Payout Contract is for the remaining balance of \$ _____. I agree to make payments on this balance in the amount of \$ _____ each month, for no more than _____ month(s), in addition to paying the full amount of any subsequent bills on or before my next bill due date.

The last payment I will make on this payout contract will occur on _____.

**** All subsequent bills must be paid in full on or before the bill due date. Any nonpayment of bills or specified payout amounts will result in disconnection of my service. ****

I ALSO UNDERSTAND THAT IF CITY OF LIBERTY HILL DOES NOT RECEIVE MY PAYMENT(S) BY **CLOSE OF BUSINESS** ON OR BEFORE THE SPECIFIED DATE(S) ABOVE, MY WATER SERVICE WILL BE TERMINATED AND A REINSTATEMENT FEE WILL BE APPLIED TO MY ACCOUNT. IF I DEFAULT ON THIS CONTRACT, THE ENTIRE BALANCE AND APPLIED FEES MUST BE PAID IN FULL BEFORE MY UTILITIES SERVICE CAN BE REINSTATED.

****Agreement is subject to approval****

Account Holder Signature: _____

**** PHOTO IDENTIFICATION IS REQUIRED FOR ALL PAYOUT CONTRACTS ****

Office Use Only

Approved by: _____

Signature

Date