

Village of Summit

JOSEPH W. STRZELCZYK
PRESIDENT

COUNTY OF COOK • STATE OF ILLINOIS
MUNICIPAL SERVICE CENTER
7321 WEST 59TH STREET
SUMMIT, ILLINOIS 60501

PATRICIA H. TICHACEK
VILLAGE CLERK

WATER DEPARTMENT
PHONE: 708-563-4817
FAX: 708-563-9340

Date: _____

Acct. No. : _____

TOTAL AMOUNT DUE: _____

As a result of a meeting with the Village Collector of the Village of Summit,

_____ agrees to pay the delinquency in the following manner.

Payment of \$ _____ will be paid on _____.

Payment of \$ _____ will be paid on _____.

Payment of \$ _____ will be paid on _____.

Payment of \$ _____ will be paid on _____.

Payment of \$ _____ will be paid on _____.

Payment of \$ _____ will be paid on _____.

I understand that if the installments are not paid in strict accordance with this agreement, Village water services can be terminated without further notice. I understand that a \$50.00 charge will be assessed to turn the water back on.

AGREED:

Signature

Address

Phone #