

**CITY OF RAINIER
PROMISE TO PAY AGREEMENT**

Amount: _____

Pay On or Before: _____

Failure to fulfill the terms of this Agreement shall institute immediate disconnection of water service.

Name: _____

Address: _____

Phone Number: _____

Account: _____

If water is terminated, the amount due plus a \$25 reconnect fee will need to be paid before water will be reconnected.

This Agreement is executed by

CITY OF RAINIER

REQUESTOR

City Clerk
City of Rainier

[Enter Name of Requestor]

Date: _____

Date: _____