



NOI-2014-0003

[REDACTED]
[REDACTED]
SIBLEY IA 51249

**FILED WITH
Executive Secretary
May 22, 2014
IOWA UTILITIES BOARD**

Account Number	[REDACTED]
Bill Date	5-09-2014
Service From	4-09-2014
Service To	5-09-2014

Service	Present Reading	Previous Reading	Multiplier	Consumption	Est	Amount
ELECTRIC	8134	7164		970		78.22
GARBAGE						
MISC BILLING						
TAX						0.78
ARREARS						86.92

This is where amount shows that is still due on payment agreement.

Property Address	Due Date	Amount Due
612 8TH ST 13	6-04-2014	165.92

Date	Reference	Amount	New Balance
5-12-2014	PAYMENT	-20.00	145.92

Print

Cancel

Balance 145.92

**PAYMENT AGREEMENT
CITY OF SIBLEY**

Customer Name _____ Social Security # _____

Address _____ Account No _____

City/State _____ Phone No _____

WHEREAS, the Customer named above is in default on bills for utility service and the delinquent amount, as of the date of this agreement is \$ _____.

WHEREAS, the Customer's account shows the current amount owed the utility for service rendered since _____ is \$ _____.

WHEREAS, the Customer is unable to pay all charges owed the City of Sibley but has agreed to pay the amount owed in regular installments over a period of time.

WHEREAS, the City of Sibley has agreed to continue utility service so long as the customer makes payments as provided for by this agreement.

THEREFORE, the City of Sibley and _____ do hereby agree that the delinquent amount shown above will be paid on the dates and in the installment amounts shown below.

- | | |
|-------------------|--------------------|
| 1. _____ \$ _____ | 7. _____ \$ _____ |
| 2. _____ \$ _____ | 8. _____ \$ _____ |
| 3. _____ \$ _____ | 9. _____ \$ _____ |
| 4. _____ \$ _____ | 10. _____ \$ _____ |
| 5. _____ \$ _____ | 11. _____ \$ _____ |
| 6. _____ \$ _____ | 12. _____ \$ _____ |

Customer also agrees that monthly bills received after this date shall be paid on or before the shut off date as listed on the delinquent notice.**

Agreed to this _____ day of _____.

Customer

For the City of Sibley

****PLEASE BE AWARE THAT IF ANY OF THESE PAYMENTS ARE NOT MADE, YOUR UTILITY SERVICE CAN AND WILL BE DISCONNECTED WITH NO PRIOR NOTICE.**

PAYMENT AGREEMENT

CITY OF SIBLEY

Date of Agreement _____

Customer Name: _____

Address: _____ Account # _____

WHEREAS, the Customer named above is in default on bills for utility service and the delinquent amount as of this agreement is

_____.

Customer made partial payment on delinquent account of \$ _____, and agrees to pay \$ _____, on or before _____.

The customer understands that if payment is not made as stated above, the utility service would be disconnected without further notice.

Agreed to this _____, day of _____, _____.

Customer

For the City:

This form is used if the customer just needs to pay "late", doesn't want to be shut off but will pay before the next month's bill is due.