



**CITY OF WALKER-MINNESOTA**

**WALKER WATER WORKS DELINQUENT UTILITIES PAYMENT ARRANGEMENT**

City of Walker  
**Walker Water Works**  
205 Minnesota Avenue W  
PO Box 207  
Walker, MN 56484  
218-547-5503  
[hopef@arvig.net](mailto:hopef@arvig.net)

Name \_\_\_\_\_ Date \_\_\_\_\_

Physical Address: \_\_\_\_\_ Water Works Account #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

Please check if any of the following apply:

A member of the household has been issued orders into active duty, for deployment, or for a permanent change in duty.

The National Weather Service has issued an excessive heat watch, heat advisory, or excessive heat warning and those warnings or watches are in effect.

(Oct. 15 through April 15) The disconnection would in any way affect the primary heat source of the unit.

I agree to make a payment arrangement schedule with the City of Walker under the following conditions:

1. I agree to pay my current bill on or before the last business day of each month.
2. My delinquent balance must be paid in full (including penalty charges) within the date specified on the DELINQUENT UTILITIES PAYMENT AGREEMENT NOTICE DATE.

DELINQUENT UTILITIES PAYMENT AGREEMENT NOTICE DATE \_\_\_\_\_

**DUE DATE** \_\_\_\_\_

Amount	Due Date	Paid	Comments

\*Sec. 28-134 Billing and payment (d) Shut-off's; resumption (e)remedies shall apply.

Customer Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

City of Walker Staff signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_