

**AGREEMENT REQUEST FOR WAIVER OF PENALTY**

ACCOUNT NAME \_\_\_\_\_ ACCT. # \_\_\_\_\_

ACCOUNT ADDRESS \_\_\_\_\_

I (we) hereby request that the water account reconnection penalty in the amount of forty (40) dollars be waived for the month of \_\_\_\_\_ Day \_\_\_\_\_ Year 20 \_\_\_\_\_.

I (we) did not fully understand that this penalty will be assessed and the water service disconnected unless payment of the "previous balance" is received by Williamsburg County Water & Sewer Authority before the tenth of the month.

OR

The mail or other means of sending the payment to Williamsburg County Water & Sewer Authority did not satisfy the requirements as stated therefore payment was not received prior to the 10<sup>th</sup>.

It is understood and agreed that if this request is granted no further request for special consideration pertaining to untimely payments on this or any other water amount I (we) may owe will be forthcoming.

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_