

**Municipal Offices:**  
(810) 798-8528  
(810) 798-3397 FAX  
[www.almontvillage.org](http://www.almontvillage.org)

**Village Manager:**  
David Trent

**Village Clerk/Treasurer:**  
Kimberly J. Keesler

*Village of Almont*  
817 North Main Street  
Almont, Michigan 48003

**Village Council:**  
Steve Schneider, President  
Tim Dyke, Pres. Pro-Tem.  
Peter Feldman  
Wayne Glasser  
Edward Kuligowski  
Stephen Powell  
Melinda Steffler



### 3-MONTH PAYMENT PLAN APPLICATION

Payment plan enrollment is subject to approval of the Almont Village Manager and **All** of the following shall apply:

**You are the owner**  
 **Your bill is not past due**

**Your account is in good standing**  
 **You contact the Village Office prior to the due date**

Contact Name: \_\_\_\_\_  
Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Participants in the 3-Month payment plan are required to make a 25% down payment of their quarterly bill balance. The remaining balance will be divided into 3 equal payments due on the dates listed.**

**25% down payment \$** \_\_\_\_\_  
**First payment \$** \_\_\_\_\_  
**Second Payment \$** \_\_\_\_\_  
**Third Payment \$** \_\_\_\_\_

**Due Date** \_\_\_\_\_  
**Due Date** \_\_\_\_\_  
**Due Date** \_\_\_\_\_  
**Due Date** \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_ Account # \_\_\_\_\_  
Please print property owner's name Service Address

Hereby promise to pay the Village of Almont for charges deferred for quarter ending \_\_\_\_\_. I understand I must make a 25% down payment of the quarter balance now and three equal payments as listed above. Please keep in mind that the payment plan is for amounts owed from previously billed water usage, you will be required to keep current water bill payments while at the same time keeping schedule of the 3-month payment plan

**By signing this application, I certify I have read and agree with the terms and conditions of the 3-Month Payment Plan. I further understand if the above payments are not paid as specified, I will be dropped from the plan, water service will be discontinued and a \$ 50.00 fee will be added. Enrollment in future payment plans will be affected.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

For Office Use

Approval Date \_\_\_\_\_

Decline Date \_\_\_\_\_

Village Manager Signature \_\_\_\_\_