



City of Sugar City
Post Office Box 56 – 10 East Center

Support our local businesses

Phone: 356-7561

Fax: 359-2654

Office Hours: 9 a.m. to 4 p.m.

CUSTOMER PAYMENT CONTRACT

Account Number: _____ Account Balance: _____

Customer Name: _____ Home # _____

Service Address: _____ Cell # _____

Mailing Address: _____ Work # _____

Place of Employment: _____

Email: _____

I _____ agree to pay to Sugar City Hall on my

Utility Account \$ _____ on the date of _____

and \$ _____ on the date of _____

and \$ _____ on the date of _____

SIGNED _____ DATED _____

APPROVED BY _____

- **Sugar City Hall must be notified in person of any changes to this contract prior to the next scheduled payment date.**

Default: If for any reason customer fails to make any payment on time, customer shall be in default. The City of Sugar City can then demand immediate payment of the entire remaining unpaid balance of this agreement without giving anyone further notice and services may be terminated immediately. Any unpaid balance, past due, may be charged interest on the unpaid balance at 24 percent per year.