PLEASE PROVIDE EVIDENCE OF MONTHLY INCOME. FALUIRE TO MAKE PAYMENT WILL RESULT IN TERMINATION OF SERVICE.

ELLWOOD CITY BOROUGH

APPLICATION FOR CREDIT EXTENSION

1). Custom	er Name(s):				
Service Ad	dress:				
	dress :(if different than abc				
Phone: ()A	lt 1. ()	Alt. 2	2. ()	
City		State _	Zip:		
List Other A	Adults in Residence: _				
Select:	Home Owner	Renter *			
	enant, you must have Lanc ound at: <u>www.ellwoodcityb</u>				lord Authorization
2).Credit E	xtension (Check All T	hat Apply)	ELECTRIC and	d /or	_ SEWAGE
BALANCE	DUE AS	OF		_20	
PAYMENT	PLAN REQUESTED	:			
Payment 1:	: \$	to be	paid on		+CURRENT BILL
Payment 2:	: \$	to be	paid on		+CURRENT BILL
Payment 3	: \$	to be	paid on		+CURRENT BILL
	e date and pay all prev				
Signature:			Date:		
Print Name	:				
Mail all forms	to: 525 Lawrence Avenue	, Ellwood City, PA.	16117 or		
FAX form to:	724-758-2716 or				
Form can also	o be left at Utility Drop Box	(Rear of Borough E	Building)		
ANY QUESTI	ONS? Please phone 724-	758-5576/5577 OR	724-824-7624		
Utility Collecti	on Dept. Hours: Mon-Fri: (Office Hours 7:30 Ar	m to 3:45 PM.		
Customers may submit payments to the borough using the US Postal Service, place payments in the Borough Drop					

Customers may submit payments to the borough using the US Postal Service, place payments in the Borough Drop Box, pay at the Service Window at the hours listed or Pay Online through a secure site on a 24/7 basis. On Line Options may be found at www.ellwoodcityborough.com