



NEAL C. ROOP, MAYOR
NRoop@NewWindsorMD.org

TOWN OF NEW WINDSOR
211 High Street - P. O. Box 609
New Windsor, Maryland 21776
info@NewWindsorMD.org

Phone 410-635-6575
Fax 410-635-2995

MONTHLY PAYMENT PLAN AGREEMENT

ACCOUNT # _____

I, _____, owner/tenant of the property located at

_____ request a monthly payment schedule for my water water/sewer bill. The monthly payment will equal 1/3 of the quarterly amount. **All monthly installments will be due on the 20th of the month.** Note: If the due date falls on a weekend or holiday, payment is due by the end of the next business day.

I agree to make monthly payments in accordance with the adopted Monthly Water/Sewer Bill Payment Procedure. I understand that if I miss a payment I will be assessed all late penalties/fees that apply and that my water may be shut off.

SIGNATURE OF PROPERTY OWNER/TENANT:

DATE: _____