



TROY WATER/SEWER DEPARTMENT  
P.O. BOX 215 - 151 DORT ST  
TROY, NH 03465  
(603) 242-7722

## GENERAL AGREEMENT

THIS AGREEMENT: made February 19, 2025, between John Smith of 123 Troy St and the Troy Water/Sewer Department.

WITNESSETH: That in consideration of the mutual covenants and agreements to be kept and performed on the part of said parties hereto, respectively as herein stated, the customer does hereby covenant and agree to the payment terms outlined in the attached Payment Plan #1234

I, John Smith, understand this is only for the balance that is in the arrears. I further understand that all current and future water/sewer bills must be paid in accordance with the due date of each. Failure to meet my payment agreement shall result in an interruption of my service without further notice. In the event that my services are interrupted for breach of this agreement, I understand that I will be required to make payment in full for the past due balance, plus any late fees, bounced check fees and applicable fees for the disconnection and reconnection of my services. Payments to restore services must be made with money order, certified check or cash; no personal checks will be accepted. I further understand that failure to pay as promised may result in the rejection of any future payment plan requests.

This agreement shall be binding upon the parties, Town of Troy Water/Sewer Department and above-named customer(s).

**Customer Signature:** \_\_\_\_\_

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

**Superintendent Signature:** \_\_\_\_\_

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

**Water/Sewer Chairman Signature:** \_\_\_\_\_

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



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**PAYMENT PLAN**

**Payment Plan # 1234**

**Name: John Smith**

**Address: 123 Troy St**

**Account Balance: 500.00**

**Water Sewer Account # 123456789**

**I promise to satisfy the account balance, plus accrued fees of \$ 500.00**

**I understand that the balance of \$ 50.00 is due on 3/1/2025**

**Subsequent installments in the amount of \$ 50.00 will be paid Weekly on Friday until the entire amount has been paid in full.**

**Customer Signature: \_\_\_\_\_**

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