



City of Whitewright

Date Issued: \_\_\_/\_\_\_/\_\_\_

**Extension of Payment Request**

Date Requesting to Pay: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Account #: \_\_\_\_\_

\_\_\_\_\_  
Citizen's Signature

\_\_\_\_\_  
Approved By: