Cycle/Route:

Or By Mail

Public Service 10770 West Oakland Park Blvd. • Sunrise, FL 33351 • P: 954.746.3232 • F:954.572.2479

UTILITY CUSTOMER PAYMENT PLAN REQUEST FORM

Submission of this request form does not create a Payment Plan. If your request is approved, a Payment Plan will be provided to you.

Accounthol	der Name(s):			
Account #:				
Customer II	D #:			
Service Add	dress:			
Balance Ov	ved on Last Bill:			
-	\square Owner or \square Renter? If you ing the end date.	are a re	nter, please provide a	a copy of your executed
The follow	ing Payment Plan terms are	permitte	ed:	
For OWNER Accounts: 9 Months Your overdue balance will be divided over 9 payments.		For RENTER Accounts: 6 Months Your overdue balance will be divided over the remainder of your lease or 6 payments, whichever period is shorter.		
=	ayment of 25% of the overd Plan can be established.	ue balar	ice on the account	is required before you
current mor than their a request for will be prov service will	lans require payment of the anthly bill, by the due date each overage bill for the last 6 montom does not constitute a Paymoided to you. Under the Paymot be disconnected if you may the due date each month.	month. Ans are in nent Plan ment Plan	Accountholders with a eligible for a paymen . If your request is a n, you will not be ch	n overdue amount of less t plan. Submission of this pproved, a Payment Plar arged late fees and you
Accountho	older Signature		_	Date
Email address:		_ Phone Number:()	
Submit you	r completed Payment Plan red	quest for	n as follows:	
By Email	Paymentplans@sunrisefl.c			
In Person By Fax	10770 W. Oakland Park B (954) 572-2479	oulevard		

Utility Payment Plan, 10770 W. Oakland Park Boulevard, Sunrise, FL 33351