



**TOWN OF ROYALSTON**  
**SEWER COMMISSION**  
Box 125  
Royalston, MA 01368

**REQUEST FOR PAYMENT PLAN**  
**Sewer Use Charge**

To the Sewer Commissioners,

OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Only if different from Service Address)

**Please Describe Hardship:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please enter Amount you can pay monthly:** \_\_\_\_\_

\_\_\_\_\_

This document represents an agreement between the applicant and the Town of Royalston

Total Past Due Balance: \_\_\_\_\_ Total Due: \_\_\_\_\_

First Payment Amount: \_\_\_\_\_ Payment Plan Monthly Payment: \_\_\_\_\_

Payment Plan # of Months: \_\_\_\_\_ Payment due on second Monday of Month

If you sign this agreement, you agree that you owe the amount due under the agreement. Signing this agreement DOES NOT affect your responsibility to pay for your service. Any late payment places you in default of this agreement.

\_\_\_\_\_  
Owner's Signature

Granted ( ) Denied ( ) Date Voted \_\_\_\_\_

Approved by \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SEWER COMMISSION