



**ST. KITTS WATER SERVICES DEPARTMENT  
P. O. BOX 80, NEEDSMUST  
BASSETERRE  
ST. KITTS**

**ARRANGEMENT OF PAYMENT FORM**

**AGREEMENT**

I/We hereby declare that I/we accept and agree to the following arrears payment agreement without reservation of any kind whatsoever:

Name Of Owner: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_

Amount Outstanding: \_\_\_\_\_ Arrears: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Identification: \_\_\_\_\_

Payment Agreement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

- a. Cost of current monthly consumption to be met in full in addition to arrears payment arrangement set out in this agreement.
- b. Failure to comply with this agreement will lead to immediate disconnection without further notice.

\_\_\_\_\_  
Signature of Consumer

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date