



REQUEST FOR PAYMENT AGREEMENT

To: Regional Audit Supervisor From: _____

Tradename: _____

Address: _____

City: _____ Zip Code: _____

Mail Address: _____

City: _____ Zip Code: _____

Personal Guarantors(s): 1. _____
Name of Individual/Institution

_____ Address

_____ City/State/Zip Code

2. _____
Name of Individual/Institution

_____ Address

_____ City/State/Zip Code

Audit No. _____ of the above described permit, covering the period from _____

to _____ established delinquent fees in the total amount of _____

Of this amount, _____ has been paid leaving a balance of _____

We have applied to at least two different lending institutions located in the State of Texas for a loan to pay the balance. Each has rejected our application. Therefore, we are filing this "Request for Payment Agreement" for the Commission's consideration. We understand this is only a request and that the Commission may accept or reject the request in part or in its entirety.

Attached for your consideration are:

1. Form C-717 Overview to Request For Payment Agreement.
2. Notarized copies of the loan application presented to:
 Name of Financial Institution _____
 Name of Financial Institution _____
3. Loan refusal letters from said institutions
4. Payment Agreement

Permit Officer Date Permit Officer Date

Name of Individual Name of Individual

Signaturer Date Signature Date