



**CITY OF CALLAWAY BOARD OF COMMISSIONERS  
SPECIAL MEETING**

THURSDAY, NOVEMBER 13, 2025 – 9:00 A.M.  
CALLAWAY ARTS & CONFERENCE CENTER  
500 CALLAWAY PARK WAY  
CALLAWAY, FL 32404

MAYOR  
PAMN HENDERSON

COMMISSIONERS  
BOBBY J BIRDSSELL  
DAVID GRIGGS  
BOB PELLETIER  
KENNETH AYERS, JR.

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KEVIN OBOS, CITY ATTORNEY

KEITH "EDDIE" COOK, CITY MANAGER

ASHLEY ROBYCK, CITY CLERK

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**SPECIAL MEETING  
AGENDA**

**CALL TO ORDER**

**INVOCATION & PLEDGE OF ALLEGIANCE**

**ROLL CALL**

**PUBLIC PARTICIPATION**

- Speakers must come to the podium to be heard.
- Public Participation will be heard at the end of Commission discussion for each item.
- Comments are limited to three (3) minutes.

**AGENDA ITEM**

1. Utility Bill Extension – Government Employees Affected by Government Shutdown
  - Commission/Staff Comments
  - Public Participation

**ADJOURNMENT**

  
\_\_\_\_\_  
Ashley Robyck  
City Clerk

**PURSUANT TO FLORIDA STATUTE 286.0105:** Any person who decides to appeal any decision made at a meeting(s) announced in this notice with respect to any matter considered at such meeting(s) will need a record of the proceedings and for such purpose may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact Callaway's City Clerk, at 6601 E. Highway 22, Callaway, FL 32404; or by phone at (850) 871-6000 at least five calendar days prior to the meeting.

If you are hearing or speech impaired, and you possess TDD equipment, you may contact the City Clerk using the Florida Dual Party Relay System, which can be reached at 1-800-955-8770 (Voice) or 1-800-955-7661 (TDD).

**CITY OF CALLAWAY  
BOARD OF COMMISSIONERS  
AGENDA ITEM SUMMARY**

**DATE:** NOVEMBER 13, 2025

**ITEM:** UTILITY BILL DUE DATE EXTENSION FOR GOVERNMENT EMPLOYEES AFFECTED BY THE SHUTDOWN

**1. PLACED ON AGENDA BY:**

Eddie Cook, City Manager

**2. AGENDA:**

PRESENTATION ☐  
PUBLIC HEARING ☐  
OLD BUSINESS ☐  
REGULAR ☒

**3. IS THIS ITEM BUDGETED (IF APPLICABLE)?:** YES ☐ NO ☐

NA

**4. BACKGROUND:** (WHY, WHAT, WHO, WHERE, WHEN, HOW, & IDENTIFY ALL ATTACHMENTS)

Due to the government shutdown, some utility customers have expressed concern that will not be able to pay their current utility bill due by the 15<sup>th</sup>. In an effort to alleviate concern, staff recommends waiving late fees, service charges, and disconnects for these customers. Bills will be due the following month's billing date in full. Staff will determine eligibility and approval. Commission will need to consider if this extension should be extended an additional month is the shutdown continues.

**ATTACHMENTS:** Application for Extension

**5. REQUESTED MOTION/ACTION:** APPROVE PLAN TO EXTEND BILL DUE DATE FOR GOVERNMENT EMPLOYEES AFFECTED BY THE SHUTDOWN.

ACTIVE-DUTY MILITARY & GOVERNMENT EMPLOYEES ONLY



Utility Billing Department  
6601 E Hwy 22, Callaway, FL, 32404  
Phone (850) 871-6000  
[www.cityofcallaway.com](http://www.cityofcallaway.com)

## PAYMENT ARRANGEMENT REQUEST

PLEASE PRINT OR TYPE

*In signing this agreement, you are agreeing to the following payment arrangement.  
Failure to pay agreed date will result in immediate disconnection of service.*

I, \_\_\_\_\_, am requesting a payment plan for my \_\_\_\_\_ utility bill.  
(Name on Account) (Month)

\_\_\_\_\_ The home located at \_\_\_\_\_ is occupied.  
(Initial) (Address)

1. PAYMENT- ACCOUNT BALANCE MUST PAID IN FULL BY THE NEXT DUE DATE.
2. REQUESTS: MUST BE MADE IN PERSON WITH PROPER DOCUMENTATION & PHOTO ID.
3. REQUEST IS ONLY VALID FOR MONTH REQUESTED. ADDITIONAL REQUEST REQUIRE NEW APPLICATION.

If not paid by agreed upon due date, services will be disconnected, all balances will become due to restore services. If the agreement is considered "broken," the account will not be eligible for future payment arrangements.

**I have read and agree to all qualification and conditions of this payment plan.**

Date \_\_\_\_\_ Signature: \_\_\_\_\_

10 days of Government reopening \_\_\_\_\_ (Date)

Declined: \_\_\_\_\_

Approval: \_\_\_\_\_

Date: \_\_\_\_\_