



DEFERRED PAYMENT ARRANGEMENT REQUEST APPLICATION

This Deferred Payment Arrangement grants customers **four months of payment deferral** (two billing cycles) without any late or dispatch fees imposed on outstanding balances as well as suspending disconnection of utilities. After which, customers would then be allowed to request 8-month pay arrangement to spread the costs of outstanding bills and/or apply to the Financial Support Program.

To be approved for this Deferred Payment Arrangement, the Customer needs to attest that, due to COVID-19 related issues, the customer is unable to timely pay his/her/their utility bills.

Name: _____

Service Address: _____

Account Number: _____

Phone: _____ **Date:** _____

Select **one** of the following:

_____ I will pay the balance of \$_____ in full on ___/___/_____ by 5:00 p.m.
Reminders will not be given.

_____ I will pay \$_____ per month by 5:00 p.m. on the _____ of each month beginning
___/___/_____ until the account is paid in full. In addition to this payment plan, I will
continue to pay my regularly billed water bill by its due date. Reminders will not be given.

_____ I will pay according to the following terms: _____

If the terms are not made according to the arrangement above, I understand the District may not allow any further pay deferment arrangements to me. Non-compliance with the terms of this agreement may also result in termination of my water service, a disconnection fee may be added to my account without further notice, and a lien may be filed against the property. If at any time I am unable to comply with the arrangement stated above, I will contact the office as soon as possible to update the arrangement. If service does become terminated, service will be restored after full payment of the bill, including any penalty or service fees.

APPLICANT SIGNATURE

DATE

SUPERVISOR APPROVAL

DATE