

I am submitting this written request because I would like to (select all that apply):

- Contest a bill (**option 1**)
- Seek an alternative payment schedule for delinquent charges (**option 2**)
- Request residential water shutoff protection under the Water Shutoff Protection Act SB 998 and I am able to demonstrate a medical need and severe economic hardship (**option 3**)

Option 1:

I am contesting my bill dated _____ in the amount of \$_____.

Reason for dispute: _____

Customer Name: _____ Signature: _____

Date: _____

City Staff:		
This request is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
		Date: _____
Customer account:	_____	Customer address: _____
Additional details:	_____	

Option 2:

I would like to (select all that apply):

Waive the late fee on a past due bill dated _____ in the amount of \$_____.

Customer Name: _____ Signature: _____

Date: _____

City Staff: This request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ Customer account: _____ Customer address: _____ Last late fee waived on: _____ Amount waived: \$ _____ Next late fee waiver available on or after: _____

Request deferral of payment on delinquent charges for bill dated _____ in the amount of \$_____ until _____. I agree to pay delinquent charges on or before 11:59 pm on _____. I understand that failure to comply with this deferment plan may result in discontinued services.

Additional details: _____

Customer Name: _____ Signature: _____

Date: _____

City Staff: This request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ Customer account: _____ Customer address: _____ Original due date: _____ Date of Delinquency: _____ Delinquent charges deferred until: _____ Amount due: _____

Option 2, Continued:

Enter into an amortization schedule for payment due on delinquent charges for bill dated _____
in the amount of \$ _____.

Customer Name: _____ Signature: _____

Date: _____

City Staff: _____	Date: _____
This request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Amortization schedule attached (if applicable)	
Additional details: _____	

Customer account: _____ Customer address: _____	
Minimum payment to avoid water shutoff: \$ _____ Due by: _____	
Remainder of delinquent charges: \$ _____ Due by: _____	

Amortization Schedule:

Original due date: _____ Delinquent due date: _____ Delinquent amount: \$ _____

Customer Account: _____ Customer Address: _____

Customer Phone: _____

No. of Payments	Payment Amount	Payment due date
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	
11.	\$	
12.	\$	

I agree to follow this payment amortization schedule for delinquent charges and to remain current with all other charges as they occur. I understand that failure to comply with this amortization agreement for may result in discontinued services.

Customer Name: _____ Customer Signature: _____

Staff Approval: _____

2021 POVERTY GUIDELINES – For families/households with more than 8 persons, add \$4,540 for each additional person.

PERSONS IN FAMILY / HOUSEHOLD	FEDERAL POVERTY GUIDELINE	LESS THAN 200 PERCENT OF FEDERAL POVERTY
1	\$ 12,880	\$ 6,440
2	\$ 17,420	\$ 8,710
3	\$ 21,960	\$ 10,980
4	\$ 26,500	\$ 13,250
5	\$ 31,040	\$ 15,520
6	\$ 35,580	\$ 17,790
7	\$ 40,120	\$20,060
8	\$ 44,660	\$11,030

Source: *aspe.hhs.gov*

Number of Persons in family / household: _____

My family / household Income: _____

Customer Name: _____ Signature _____

Date: _____