

Payment Plans for COVID-19 Relief

This procedure only pertains to customers who have been financially impacted by COVID-19.

1. Customers attest their payments are in arrears due to COVID-19.
2. The customer must sign the Payment Plan for COVID-19 Relief form. It is preferred customers send electronic copies of the signed form, but they may come into City Hall on an appointment basis. The payment plan will indicate the following:
 - Amount of monthly payment.
 - Payments will made with their current monthly bill.
 - The due dates of when each payment and the final payment date of the plan.
(When creating the plan in Naviline, use the due date of the next bill for penalties to work correctly.)
3. The minimum monthly payment is \$25.00.
4. Typical repayment plans length will be six to eighteen months. Longer terms maybe appropriate, considering each customer's unique circumstance.
5. Each Customer will be notified all payment plans may become null and void, if the payment is not received by the due date every month. Customers cannot skip a month or reduce the amount of the payment.
6. If the Customer misses a current payment and comes up for disconnection, then all delinquent charges will be due for restoration of services. Approved payment plans will be limited to COVID-19 relief.

Payment Plan for COVID-19 Relief

I qualify for a payment plan for COVID-19 relief due to (mark all which apply):

- I am financially impacted due to loss of income because I am quarantined due to COVID-19
- I am financially impacted due to loss of income because I am caring for a family member quarantined due by COVID-19
- I am financially impacted due to loss of income because I am unable to work due to COVID-19
- I am a business that has been financially impacted due to loss of income caused by the COVID-19 public health emergency

Customer Name: _____

Account number: _____

Service Address: _____

Total amount of plan: _____

Amount of payment: _____

Date of end of plan: _____

I certify that the information I have provided is true, and I agree to comply with the terms of the utility bill arrangement that is established. I understand that this plan has been provided as a relief measure and can be terminated at the discretion of the City of Lacey if the terms are not met. I understand that if I default on any payment, or fail to meet the requirements of this arrangement the plan is null and void, and all disconnection procedures will occur as normal. Once disconnection has commenced, all charges, fees and penalties will be due for restoration of services.

Customer Signature

Date

City of Lacey Representative

Date