

TOWN OF ANYWHERE— MUNICIPAL UTILITIES

address ▪ Anywhere, IN 47xxx

phone number of utility

Customer Information

Customer Name: JOANNE SMITH Phone #: _____

Service Address: 102 South NORTH St Anywhere, IN

Account #: xxx-xxx-xx Account Balance: \$ _____

COVID-19 Payment Plan

I am the municipal utilities customer of the Town of Anywhere at the Service Address listed above. I experienced a financial hardship as a result of the COVID-19 public health emergency and, to avoid termination of my utility services due to non-payment, agree to the terms of this Repayment Plan. **I promise to pay my current bill when it is due every month for six (6) consecutive months (penalties are still added to account) PLUS one-sixth (1/6) of my Account Balance each month, as specified below.**

Account Balance	\$ _____	
Past Due Payments and Due Dates During Repayment Plan	9/21/2020	\$00.00 + current charges
	10/20/2020	\$00.00 + current charges
	11/20/2020	\$00.00 + current charges
	12/21/2020	\$00.00 + current charges
	1/20/2021	\$00.00 + current charges
	2/22/2021	\$00.00 + current charges

I acknowledge that if I miss any one of the scheduled payments that my service will be immediately eligible for disconnection. In the event that I miss a payment, resulting in service disconnection, I must pay the entire past due amount plus a reconnect charge of \$50.00 before my utility services will be restored. I further acknowledge that the Town will still issue disconnect notices to me by mail; however, I will disregard those notices and my utility services will continue as long as I comply with this payment plan.

Customer

Town of Anywhere

By

By

Printed

Printed

____/____/2020

____/____/2020

Date

Date