# REQUEST FOR PAYMENT AGREEMENT

Date: _____

Account Number: _____

Name on Account: _____

Service Address: _____

Phone Number: _____

Is this a rental unit? ☐ Yes ☐ No

If yes, please provide us with the landlord's name: _____

Amount of bill requested for payment agreement: _____

Term Length: _____

**(Please specify the EXACT term length you need. TERM IS SUBJECT TO APPROVAL. 6 months is usually the maximum term limit, but you may request a longer time period, if circumstances require.)**

***Please check this box if you have applied for the Utility Round-Up Program** ☐ **Date applied?** _____

In addition to the information above, please provide a brief description of the circumstances that have led to your request. You may use additional space if needed.

_____

_____

_____

_____

_____

Customer Signature

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**FOR OFFICE USE ONLY:**

☐ Approved ☐ Denied

Signed: _____ Date: _____