



REQUEST FOR PAYMENT AGREEMENT

Date: _____

Account Number: _____

Name on Account: _____

Service Address: _____

Is this a rental unit? Yes No

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

Amount of bill requested for payment agreement: _____

In addition to the required information above, please also provide below a written outline of the hardship in which you are experiencing (you may use additional space if needed):

FOR OFFICE USE ONLY:

Approved Denied

Reason: _____

Signed: _____

Date: _____

Finance Director