



Application for COVID-19 Emergency Payment Plan

Account/Application Information

Date: _____ Account Number: _____

Service Address: _____

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

By signing below I certify that I have been financially impacted by the COVID-19 pandemic and request a flexible payment plan. I request to pay my **outstanding balance** over the next _____ (max 12) months in equal installments. **Full payment of monthly statement charges must be paid in addition to payment amount beginning with the _____.**

Outstanding amount: _____ ÷ _____ (months) = \$ _____ Payment amount

Terms and Conditions:

Payments are due by the 20th of each month. **No bill will be sent for this payment.**

I understand that should I default on the payment as agreed, the City of Blaine may discontinue utility service, and service will not be restored until the agreed upon payment plus any reinstatement fees are paid. I further understand that should I default on this agreement, the City of Blaine will not allow another payment plan. *IF APPLICANT VACATES RESIDENCE PAYMENT PLAN WILL BE REMOVED AND FINAL AMOUNT DUE AT MOVE OUT WILL BE OWED IN FULL*

Applicant Signature: _____ **Date:** _____

to utilitybilling@cityofblaine.com or City of Blaine, 435 Martin Street, Blaine, WA 98230