

Payment Arrangement Application

Lower Lake County Waterworks District No. 1

16254 Main Street Lower Lake, Ca 95457

Phone: (707) 994-6009

Request Date: _____

RE: Acct # _____ at _____ Lower Lake, CA

I, _____, request consideration for payment arrangement for a Total Amount of \$ _____, which I can pay in full by ____/____/_____.

I understand that any arrangement granted would require payments IN ADDITION TO all current water charges, and that further exceptions/arrangements cannot be made until this amount is paid in full.

I am currently able to pay \$ _____ per month for water service, due to the following circumstances: _____

_____.

I am able to pay \$ _____ before or by the 25th of this month.

I receive the following income/assistance: Amount /month

Employment	\$ _____	Medi-Cal	<input type="checkbox"/> Yes <input type="checkbox"/> No
CalWORKs	\$ _____	WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No
CalFresh	\$ _____	Other:	
General Assistance	\$ _____	Other:	
SSI/SSP	\$ _____	Other:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

Upon receipt of documentation from the customer, the District will review the documentation within seven (7) days and:

- i. notify the customer of the payment arrangement terms selected by the District and request the customer's signed consent, or
- ii. request additional information from the customer, or
- iii. notify the customer that they do not meet the qualifications.

Payment Arrangement Determination

Applicant Does / Does Not Meet Qualifications for Payment Arrangements.

Determination Date: _____

LLCWD has determined that applicant must pay the Total Amount of \$_____.

AMOUNT DUE: \$_____ plus all current charges, beginning the 25th of the month following "Offer Date" until the Total Amount is paid in full, on or before: ____/____/_____.

ALL PAYMENTS MUST BE RECEIVED ONLINE OR IN OUR OFFICE BY THE 25TH OF EACH MONTH.

If timely payments are not received, the District will post a Final Notice of intent to disconnect service in a prominent and conspicuous location at the service address at least five (5) business days before discontinuation of service. The Final Notice will not entitle the customer to any investigation or review by the District or any additional payment arrangements.

If service is turned off, you will be required to pay the entire remaining Total Amount in full, plus \$150.00 in order to re-establish service during regular hours. If your request is received outside normal operating hours, an additional \$125.00 may be charged.

Sincerely,

Lower Lake County Waterworks District No.1

I understand and accept the offer above and that further exceptions/arrangements cannot be made until this Arrangement Amount is paid in full.

Applicant: _____ Date: _____

Cc: File

Account No: _____ Location No: _____