



CITY OF PORT ORCHARD
City Finance Department
 216 Prospect Street, Port Orchard, WA 98366
 Voice: (360) 876-5139 • Fax: (360) 895-9029
 utilitybilling@cityofportorchard.us
 www.cityofportorchard.us

Application for Payment Plan: COVID-19 Declared Emergency

Date: _____ Account Number: _____

Street Address: _____

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ E-mail: _____

I _____ have been financially impacted by the COVID-19 virus and request a flexible payment plan. I request to pay my outstanding balance over the next _____ (max 6) months in equal installments.

Accounts with high balances (more than \$800), may qualify for longer term payment plans, not to exceed 12 months. If you meet the criteria and would like to apply for a term longer than six months please indicate below.

Outstanding amount: \$ _____ ÷ _____ (months) = \$ _____ Flexible payment plan amount in addition to regularly accrued charges.

Terms and Conditions:

Payments are due by 26th of each month. No bill will be sent for this payment.

Payments are **in addition** to the regularly accrued charges for the account.

Late penalties will not be assessed if all agreed upon payments are made on time.

Late penalties will be applied if payments are not made according to the agreement.

I understand, should I default on the flexible payment plan as agreed, City of Port Orchard may discontinue utility service and service will not be restored until the balance is paid in full plus any disconnect and reconnect fees. I further understand that should I default on this agreement; City of Port Orchard will not allow another payment plan. All subsequent billings are payable when due.

Property Managers are not eligible for payment plan arrangements.

Applicant Signature: _____ **Date:** _____

The owner recognizes by allowing the tenant to enter into an agreement that utility bills are the ultimate responsibility of the property owner and if the tenant defaults, amounts due will become the responsibility of the owner.

Property Owner (if applicable): _____ **Phone:** _____ **Date:** _____

Submit completed application to utilitybilling@cityofportorchard.us or City of Port Orchard, 216 Prospect St, Port Orchard, WA 98366

The City will respond to the applicant within 10 business days of receiving the application.

City Use Only

Approved By: _____

Rejected Reason: _____

Outstanding amount verified

Payment amount verified

First payment Due Date: _____