

## **UTILITY INSTALLMENT PAYMENT PLAN APPLICATION**

100 3<sup>rd</sup> Avenue Southeast Pacific, WA 98047

Phone: (253)929-1100 Fax: (253)939-6026 Email: billing@ci.pacific.wa.us

Applicant Name:					Owner/Tenant:	
Service Address:					Account #:	
Owner Name, if different than the applicant:  Owner Mailing Address, if different than service address:						
City:					Zip:	
Own	er Email Address:		Home Phone #:		Cell Phone #:	
Tenant Mailing Address, if different than service address:						
NEAT	City:		State:	:	Zip:	
IF TENEAT IS APPLICANT	Tenant Email Address:	nant Email Address:		Phone #:	Cell Phone #:	
PAYMENT MONTH: PAYMENT DATE: PAYMENT AMOUNT PAID:						
		25 <sup>th</sup>	\$	\$ + current monthly bill		
		25 <sup>th</sup>	\$	\$ + current monthly bill		
		25 <sup>th</sup>	\$ + cu		rent monthly bill	
Payments are due by the 25 <sup>th</sup> of each month. A separate bill will not be generated for this special payment plan. Payments are in addition to the regularly accrued charges for the account. Late penalties will be applied if payments are not made according to the agreement. This agreement is not valid until signed by an authorized city representative.						
I agree to remit payments to the city for the past due utility fees according to the schedule above. I understand, as applicant, that should I default on the payment plan as agreed, the City of Pacific will discontinue utility service in accordance with applicable law and legal requirements. Service will not be restored until the balance is paid in full, including all past due and current balances as well as a reconnection fee of \$40.00.						
Owner Signature, required:					Date:	
Tenant Signature, if applicant:					Date:	
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For Office Use Only						
Utility Account Number: Processed by:  Account Type:   Single Family			Date: Iti- Family   Commercial			