



City of Electric City
 PO Box 130
 Electric City, WA 99123
 Phone: 509.633.1510
 www.electriccity.us

ELECTRIC CITY

Application for COVID-19 Emergency Flexible Payment Plan

Account/Application Information

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.

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

Terms and Conditions:

Payments are due by 25th 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 that, should I default on the payment as agreed, City of Electric City 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 Electric City will not allow another payment plan. All subsequent billings are payable when due.

Applicant Signature: _____ Date: _____

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

Submit Application to ecclerk@electriccity.us, or City of Electric City, PO Box 130, Electric City, WA 99123.

The City will respond to the applicant within 7 business days of receiving the application.

City Use Only

Approved By: _____

Outstanding amount verified

Rejected Reason: _____

Payment amount verified

First payment Due Date: _____