3801 W. Van Giesen * West Richland, WA 99353 * www.westrichland.org
Utilities & Finance Department * (509) 967-3431 * FAX (509) 967-5706

Application for Deferred Payment

Today's Date:

ACCOUNT NUMBER: ACCOUNT NAME:

PHONE : SERVICE ADDRESS:

PROPERTY OWNER : DAYTIME PHONE:

Explain temporary emergency circumstances requiring payment deferral: _____

_____

When the utility account is in the name of a **tenant**, the landlord must give permission for payment to be deferred. In the absence or denial of permission, payment must be made by due date to avoid late fees and or service disconnection. If service is disconnected, past due charges, late fees and reconnection charges must be paid before service can be restored.

LANDLORD AUTHORIZATION

_____ _____
Signature of Landlord Date

Balance on Account:		
Less Current Charges:		
Less Partial Payments:		
Subtotal:	$	-
Plus 10% Deferral Fee:	$	-
Total Deferred Amount:	**$**	-

I Agree to pay **$** - on or before the **15th** of this month.
I understand that, should I default on the payment as agreed, the City of West Richland will discontinue utility service immediately and service will not be rest until the balance is paid in full plus any reconnect fees. I further understand th should I default on this agreement, the City of West Richland is under no obliga to enter into any deferred payment agreement with any customer who has not and satisfactorily complied with terms of any previous agreement or with any customer with a currently delinquent account.

_____

ACCOUNT HOLDER SIGNATURE **DATE**