

City of Lacey Utility Billing Payment Plan

Please complete all fields to enable communication in the event there are questions.	
Customer Name (Required):	
Account Number (Required):	
Service Address (Required):	
Phone (Required): Email:	
Calculate Your Payment Plan: \$ ÷ † Total Past Due (Excluding Penalties) D	euration in Months = \$*Monthly Payment
Terms of the Payment Plan are listed as follows:	
 *Monthly payments and current billings due must be paid current bill. Monthly payments must continue without interruption, expenses that do the current billings due) will result in a cancellation of the remaining past-due balances will be eligible for collections. Payment Plans are for past due balances, and do not included only DocuSign or handwritten signatures will be accepted. All incomplete Payment Plan applications will delay acceptabilitation will be returned for completion. Penalties on Payment Plan balances do not continue to acceptabilitations. 	ven if an extra payment is made. not cover the Payment Plan amount and Payment Plan. Upon cancellation, all s and disconnection. Ide previously assessed penalties. d on this application. tance of the Payment Plan, and the
I certify that the information I have provided is true, and I agree to Plan that is established. I understand that this plan has been provided in the discretion of the City of Lacey if the terms are not any payment, or fail to meet the requirements of this arrangement collection and/or disconnection procedures will occur as normal. Charges, fees and penalties will be required prior to restoration of	ided as a relief measure and can be ot met. I understand that if I default on at, the plan is null and void and all Once disconnection has commenced, all
Customer Signature (Required) (DocuSign or handwritten or	nly) Date (Required)

Date

City of Lacey Representative Acceptance of Plan