City of Algona: Application for Utility Customer Payment Plan

Date:	Customer Name:			
Account #:	Service Locat	ion:		
Phone Number:		Email:		
l,	(p	please print) request to pay my outs	tanding past due balance	
over the next	(max. 12) months in equ	please print) request to pay my outs al installments.	- '	
Past due amount: \$ ÷ (months) = \$ + current monthly bill = payment amount due either online through Xpress Billpay or at City Hall by the 25 th of each month.				
Payment Schedule:		FAT RI		
Current Bill + \$	Due:	Current Bill + \$	Due:	
Current Bill + \$	Due:	Current Bill + \$	Due:	
Current Bill + \$		Current Bill + \$	Due:	
Current Bill + \$		Current Bill + \$	Due:	
Current Bill + \$	Due:	Current Bill + \$	Due:	
Current Bill + \$	Due:	Current Bill + \$	Due:	
TERMS AND CONDITIONS:				
I,				
inclusive of any subsequent amendments thereto, are hereby incorporated herein by reference as if set forth in full.				
between the undersign with the laws of the Sta Superior Court and/or	ned applicant and the City ate of Washington. The e District Court, as applicat	lity Customer Payment Plan shall co y of Algona. Said contract shall be o exclusive venue for any arising out o ble, of King County, Washington. Th award of its reasonable attorneys' fo	construed in accordance of this contract shall be the ne substantially prevailing	
Applicant Signature:		Date:		
Submit application to: info@algonawa.gov or City of Algona, 200 Washington Blvd, Algona, WA 98001. The City of Algona will reasonably endeavor to respond to the applicant within 7 business days of receiving the application.				

CITY USE ONLY:	Past Due amount verified: \$	Payment amount verified: \$
City Approval:		Date