



**COVID-19 UTILITY MORATORIUM
PAST DUE PAYMENT ARRANGEMENT APPLICATION**

DATE: _____

NAME: _____ PHONE: _____

SERVICE ADDRESS: _____

CITY: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNT NUMBER: _____ - _____ EMAIL: _____

- Payment arrangements will be calculated on the past due balance at the time of application.
- Payment plans shall not exceed 18 months.
- Customers are responsible for making monthly payments toward their payment plan as well as their current water bills.
- We recommend scheduling automatic payments through our Customer Service Department or Skagit PUD’s online payment system at *www.SkagitPUD.org*.
- If you cannot make a payment for any reason, please contact Skagit PUD before the due date. A missed payment may result in your water being shut-off and additional charges, as outlined in our Water Policy Manual.

I acknowledge that I have read and accepted all of the terms and conditions by signing this application.

SIGNATURE: _____ DATE: _____

SUBMIT COMPLETED APPLICATION TO: *Customerservice@SkagitPUD.org*; or in-person at 1415 Freeway Drive, Mount Vernon; or send by fax at (360) 848-2145.

Skagit PUD will keep your application on file for the term of the payment arrangement.

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SKAGIT PUD USE ONLY

PAST DUE AMOUNT: \$ _____ MONTHLY PAYMENT: \$ _____ MONTHLY DUE DATE: _____

TERM OF PAYMENT PLAN: FROM _____ TO _____

APPROVED BY: _____