



Customer Service Center  
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Centralia, Washington 98531  
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## **COVID-19 CONTRACTED PAYMENT PLAN APPLICATION**

Service Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Utility Customer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_ # of Payments: \_\_\_\_\_

Amount to be added to Monthly Bill until Paid: \_\_\_\_\_

**I acknowledge that if this application is approved it does not forgive any balance owed on my account but the City is allowing payments to be made over time due to the COVID-19 Emergency. I understand failure to make payments as outlined in this contract will result in the balance becoming due and payable in full; any missed payment will result in this agreement being revoked.**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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