



CITY OF CASHMERE
101 WOODRING STREET
CASHMERE, WASHINGTON 98815

Application for Deferred Payment

ACCOUNT NAME _____ DAYTIME PHONE _____

ACCOUNT NUMBER _____

SERVICE ADDRESS _____

PROPERTY OWNER _____ DAYTIME PHONE _____

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, service will be disconnected when the account becomes past due, and the bill must be paid in full before the service will be restored.

Explain emergency circumstances requiring payment deferral. _____

DEFERRED PAYMENT AGREEMENT

Reconnect fee _____ Utility Payment _____

TOTAL AMOUNT DUE _____ FOR THE MONTH OF _____, 20_____.

I agree to pay \$_____ by 5:00 p.m. on _____. I understand that, should I default on the payment as agreed, the City of Cashmere will discontinue utility service immediately and service will not be restored until the balance is paid in full plus any reconnect fees. I further understand that, should I default on this agreement, the City of Cashmere will not allow another deferred payment agreement during the calendar year. All subsequent billings are payable when due unless a new agreement has been executed.

ACCOUNTHOLDER SIGNATURE _____

DATE _____

- Approved by Landlord**
- Owner occupied**
- Denied by Landlord**
- Approved**
- Denied Reason** _____

CITY CLERK-TREASURER

DATE

ACCOUNTHOLDER NOTIFIED **By phone** **In person** **By** _____
Date notified _____