



**CITY OF CASHMERE**  
**101 WOODRING STREET**  
**CASHMERE, WASHINGTON 98815**  
**Phone: 509-782-3513 Fax: 782-2840**  
 www.cityofcashmere.org

**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 have given the City prior permission for payment to be deferred. **The tenant is responsible for contacting the landlord to ask permission for this deferral and have the landlord contact the City to authorize this agreement.**

In the absence or denial of permission, service will be disconnected according to City policy and the bill must be paid in full before the service will be restored.

Explain emergency circumstances requiring payment deferral. \_\_\_\_\_  
 \_\_\_\_\_

**I promise 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**

|  |  |
|--|--|
| <input type="checkbox"/> <b>Owner occupied</b><br><input type="checkbox"/> <b>Approved by Landlord</b><br><input type="checkbox"/> <b>Approved by City</b> | <input type="checkbox"/> <b>Denied by Landlord</b><br><input type="checkbox"/> <b>Denied by City</b> |
| <b>Reason for denial</b> _____<br>_____<br>_____   |  |
| _____<br><b>CITY CLERK-TREASURER</b>   | _____<br><b>DATE</b>   |
| <input type="checkbox"/> <b>Accountholder Notified</b> Date notified _____      By _____   |  |