

COVID 19 UTILITY PROTECTION PAYMENT ARRANGEMENT



PLEASE CONTACT UTILITY BILLING AT 707-678-7008
PRIOR TO COMPLETION OF THIS FORM OR SCHEDULED DISCONNECT

PAYMENT ARRANGEMENT AGREEMENT

Date: _____
Customer Name: _____ Service Address: _____

In accordance with California Senate Bill 998, and California Civil Code Section 1632 and COVID-19, City of Dixon is required to offer Payment Arrangements to customers. The payment arrangement must be in writing.

Approved payment arrangement agreement must be received by 5:00 p.m. the day before scheduled disconnection of water service. Payment arrangements will not be approved after service has been disconnected.

Payment Due Date # of Months (12 month maximum)

I, _____ agree to pay the remaining account balance in the terms identified above.

By signing this form I certify that I agree to the above terms for an alternative payment arrangement for my residential water service account at the City of Dixon. **I understand that failure to comply with the payment schedule above in addition to keeping current on all upcoming bills, will result in the City giving you notice of disconnection of your water service. Your past due balance must be paid in full to avoid disconnection and you will not be eligible for any future arrangements.**

Signature: _____ Date: _____

Customer Name: _____

The City of Dixon Residential Water Shut-Off Policy can be found online at www.cityofdixon.us/water .

FOR OFFICE USE ONLY

Date request received: _____

Approved Monthly Amount _____

Approved / Denied

Reviewed by: _____ Date: _____

Employee Name: _____