Application for COVID-19 Emergency Payment Plan

Account/Application Information

Date: _____   Account Number: _____

Service Address: _____

Applicant Name: _____

Mailing Address: _____

Phone Number: _____   E-mail: _____

I, _____ have been financially impacted by the COVID-19 virus and request a payment plan for the outstanding balance of my utility service charges. I request to pay my outstanding balance over the next 12 months in equal monthly installments.

Outstanding amount: $_____ ÷ 12 months = $_____ Monthly payment amount

Terms and Conditions:
Payments are due by the last day of each month. No bill will be sent for this payment. Payments are **in addition** to the regularly accrued bi-monthly charges for the account. Late penalties and interest will not be assessed if all agreed upon payments are made on time. Late penalties and interest shall be applied pursuant to District policies if payments are not made according to this Application. Further, if payments are not made as required by this Application, Skyway Water & Sewer District may not allow another payment plan. All subsequent billings are payable when due.

I promise to pay the monthly payments stated above plus the regularly accrued bi-monthly charges to Skyway Water & Sewer District in accordance with the terms of this Agreement. I understand that, should I default on the payments, Skyway Water & Sewer District may discontinue utility service and service will not be restored until the unpaid balance is paid in full plus any disconnect/reconnect fees charged by the District, and the District may file a lien against the property receiving the utility service pursuant to RCW 57.08.081.

Applicant Signature: _____ Date: _____

Owner (if applicable): _____ Phone: _____ Date: _____

Submit completed application to **info@skywayws.org** or mail to **Skyway Water & Sewer District, 6723 So. 124th Street, Seattle, WA 98178.** The District will respond to the applicant within 7 business days of receiving the application.

District Use Only

☐ Approved By: _____   ☐ Outstanding amount verified

☐ Rejected Reason: _____   ☐ Payment amount verified

First payment Due Date: _____