

# THE WATER BOARD OF THE CITY OF VINCENT FINANCIAL HARDSHIP AGREEMENT

Date of Request: \_\_\_\_\_ Customer# \_\_\_\_\_

Account Owner: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DL# \_\_\_\_\_

Service address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

PAST DUE AMOUNT \$ \_\_\_\_\_ AGREE TO PAY BY: \_\_\_\_\_

*I understand that I agree to pay the above “past due” amount by the date agreed upon.*

**Customers can only apply for assistance once in a 12- month period.**

*If payment is not received in the water board office by the agreed upon date, water service will be discontinued and a “non-refundable” fee in the amount of \$75.00 will be charged to your account to restore service. All past due balances and fees must be paid in full to restore your water service. NO EXCEPTIONS.*

\_\_\_\_\_  
Signature of Account Owner/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accepted by The Water Works Board of the City of Vincent Representative