Benicia Utilities COVID-19 Payment Arrangement Agreement

Name:	Original Due Date:
Acct. Number:	Meter #:
Service Address:	
Phone Number:	Amount Due: \$
	Partial Payment: \$
	Arrangement Total: \$
	DAYS AFTER THE END OF THE JUNE 15, 2020 (WHICHEVER IS
☐ COVID-19 PANDEMIC IMPACTE ABILILITY TO PAY	D OR CREATED A HARDSHIP FOR OUR
PAYMENT IS RECEIVED AFTER 3	B:00PM OF THE 60 th DAY, WATER WILL BI
RNED OFF THE FOLLOWING M	ORNING. RESTORATION OF SERVICE
WILL BE PERFORMED B	ETWEEN 12:30PM-3:00PM.**
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<u>IMPOR</u>	RTANT NOTICE
IF YOU FAIL TO PAY AFTER 60 DAYS, YOUR ACCOUNT WILL BE:	
❖ SUBJECT TO TURN OF	F WITHOUT FURTHER NOTICE
(\$50.00 Reconne	ect Fee will be applied)
♣ SUBJECT TO NO FUDT	
* SUBJECT TONOFURT	THER ARRANGEMENTS
** VISA/Mastercard & Echeck t	payments accepted at www.ci.benicia.ca.us
	ll free 1-866-344-1979 **
I have read and promise to comply	y with the above agreement.
Signature of Account Holder	Date signed