



Lake Whatcom Water & Sewer District

1220 Lakeway Dr
Bellingham, WA 98229

Office Hours: Mon-Thu 8 am - 5 pm
360-734-9224

www.lwwsd.org
Fax: 360-738-8250

Application for Payment Plan

Account/Applicant Information

Date: _____ Account Number: _____

Street Address: _____

Applicant Name: _____

Applicant Mailing Address: _____
Street City State Zip

Applicant Contact Phone Number: _____

Applicant E-mail: _____

Payment Plan Request Information

Explain temporary emergency circumstances requiring payment plan

Total Amount Due: _____ *May be divided into 6 monthly payments*

Payment #	Amount	Date	Payment #	Amount	Date
1	_____	_____	4	_____	_____
2	_____	_____	5	_____	_____
3	_____	_____	6	_____	_____

Payments are accepted Mon-Thurs. If above date falls on a holiday or weekend, amount must be paid by the end of the prior business day before the agreement date.

Payments are **in addition** to continuing to pay the regularly accrued charges for the account.

I agree to pay the amounts listed above by 4:30 p.m. on the dates listed above. I understand that, should I default on the payment as agreed, Lake Whatcom Water & Sewer District 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, Lake Whatcom Water & Sewer District will not allow another payment plan. All subsequent billings are payable when due.

Owner Signature: _____ Date: _____

Phone Number: _____

Tenant Signature: _____ Date: _____

Phone Number: _____