



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: _____

Service Address: _____

Applicant Name: _____

Applicant is: Owner Tenant Other: _____

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 12 monthly payments*

Payment #	Amount	Date	Payment #	Amount	Date
1	_____	_____	7	_____	_____
2	_____	_____	8	_____	_____
3	_____	_____	9	_____	_____
4	_____	_____	10	_____	_____
5	_____	_____	11	_____	_____
6	_____	_____	12	_____	_____

Payment Plan Agreement

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.

Payment plans entered into by anyone other than the owner of the property (i.e. tenants) will require owner signature in addition to the signature of the applicant.

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: _____

Applicant Signature: _____ **Date:** _____

Phone Number: _____