



# 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:** \_\_\_\_\_

### *Office Use Only*

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BIAS Updated by:** \_\_\_\_\_ **Date:** \_\_\_\_\_