



500 E. Division St. • Forks, Washington 98331-8618

(360) 374-5412 • Fax: (360) 374-9430 • TTY: (360) 374-2696
forkswashington.org

Application for COVID-19 Emergency Payment Plan

Date: _____ Account number: _____

Applicant name: _____

Street address: _____

Mailing address: _____

Phone: _____ E-mail address: _____

I, _____, have been financially impacted by COVID-19 and request a payment plan for my past-due balance. I request to pay my outstanding balance in equal installments over the next _____ months (maximum 12).

Past-due balance: \$ _____ ÷ _____ (months) = \$ _____ (payment amount)

Terms and conditions

Payments are due by the 10th of each month. No bills will be sent for this payment plan. **Payments are in addition to the current monthly charges for the account.**

I understand that, should I default on the agreed payment, the City of Forks may discontinue utility service, and service will not be restored until the balance is paid in full, plus any disconnect fees. I further understand that should I default on this agreement, I will not be eligible for another payment plan with the City. All subsequent billings are payable when due.

Applicant signature: _____ Date: _____

Payment Plan applications may be returned in person, mailed to City of Forks 500 E. Division St., Forks, WA 98331, or e-mailed to hollyc@forkswashington.org. The City will respond to the applicant within 7 business days of receiving the application.

City use only

Approved by: _____

Outstanding amount verified

Reason rejected: _____

Payment amount verified

First payment due date: _____