STANDARD PAYMENT ARRANGEMENT REQUEST

PLEASE CONTACT UTILITY BILLING AT 707-678-7005
PRIOR TO COMPLETION OF THIS FORM AND SCHEDULED DISCONNECT

PAYMENT ARRANGEMENT AGREEMENT

Date: _____

Customer Name: _____ Service Address: _____

In accordance with California Senate Bill 998, and California Civil Code Section 1632, City of Dixon is required to offer Payment Arrangements to customers. The payment arrangement must be in writing.

Approved standard payment arrangement agreement must be received by 5:00 p.m. the day before scheduled disconnection of water service. Arrangement dates will not exceed the following billing date. Payment arrangements will not be approved after service has been disconnected.

Payment Due Date	Payment Amount
_____	_____

I, _____ agree to pay the remaining account balance in the terms identified above.

By signing this form I certify that I agree to the above terms for an alternative payment arrangement for my residential water service account at the City of Dixon. **I understand that failure to comply with the payment schedule above, will result in the City giving you five (5) days notice prior to disconnection of your water service and you will not be eligible for any future arrangements.**

Signature: _____ Date: _____

Customer Name: _____

The City of Dixon Residential Water Shut-Off Policy can be found online at www.cityofdixon.us/water .

FOR OFFICE USE ONLY

Date request received: _____

Approved / Denied

Reviewed by: _____ Date: _____

Employee Name: _____