CITY OF LOVINGTON
DISASTER OR EMERGENCY PAYMENT PLAN FORM
INCIDENT DECLARED DATE: _____

Customer Name: _____

Mailing Address: _____

                           Number and Street   **City**   **State**   **ZIP**

Service Address: _____

                           Number and Street   **City**   **State**   **ZIP**

Phone: _____

Account Number: _____

TOTAL PAST DUE AMOUNT: _____

My signature below indicates that I have submitted a request for a payment plan for the total past due balance due as a result of requested payment extension requests during the declaration period. Upon approval of this payment plan request, I understand that the entire past due balance is due within 90 days of the date of termination of the disaster or emergency by the City Commission (date provided below).

Upon approval of this payment plan I agreed to the following terms:

1. Payment of the current amount due must be made no later than the 10th day of each month. Should payment for the current amount due not be made by the 10th, a 10% late fee shall be applied.
2. All past due charges for water, sewer, and garbage service accrued during the declaration period are due no later than ninety days after the declaration period. This date is provided on this document.
3. If the current amount due is not paid by the 10th of the month, a $50.00 penalty will be added to the account, services shall be disconnected, and services shall not be restored until the account, to include the total past due amount, is paid in full.
4. If the past due charges are not paid within the ninety-day period, a $50.00 penalty will be added to the account, services shall be disconnected, and services shall not be restored until the account, to include the total past due amount, is paid in full.

      DECLARATION PERIOD TERMINATED: _____
      FINAL DUE DATE: _____

_____   _____
Customer Signature   **Date**