Water Bill Pledge for the Low Income Household Water Assistance Program

TO: **Vendor Name:** _____

Vendor Address: _____

Vendor Phone Contact Person: _____

Vendor Contact Person: _____

Vendor FEIN: _____

FROM: **Agency Name:** _____

Agency Address: _____

Agency Phone: _____

Agency Contact Person: _____

RE: **WATER BILL PLEDGE**

Customer Name: _____

Customer Address: _____

Customer Account Number: _____

Pledge Amount: _____

Water Utility Status:

- ❑ Disconnected Service
- ❑ Imminent Disconnection
- ❑ Household with Past Due Arrearages Over $250

Water Utility Assistance:

- ❑ Water Only
- ❑ Wastewater Only
- ❑ Both Water and Wastewater

The above-named customer has applied for assistance to restore their water service or avoid disconnection. Please restore all disconnected services as soon as possible. Customers who have service but owe arrearages should be processed within the amount of time required to stop disconnection and avoid further late fees. This household has been approved for a payment of $ _____ and will be sent within the next_____ business days.

Date: _____