# Payment Arrangement Request

If your family is experiencing a hardship that is directly related to the COVID-19 Pandemic, LGWS would like to offer you a "Deferred Payment" option. In order to be considered for deferment, simply complete the information below and submit this form, along with appropriate documentation. Information can be submitted via email to jestes@locustgrove-ga.gov or mailed to the LGWS address below, attention: Customer Service Department.

Information required:

1. Completed and signed request form.
2. Verification of **one** of the following:
    a. A separation notice from your employer indicating you have lost your job.
    b. Documentation that you meet any of the applicable criteria stated in the recently enacted "Families First Coronavirus Response Act".
    c. A notice from DOL stating you are receiving unemployment
    d. Letter from employer indicating reduced hours
    e. Letter of explanation stating circumstances

If approved, LGWS will defer (postpone) the payment for the requested month. The amount of the deferred payment will be divided up and added to future bills. For example: *A bill amount of $100 is due on July 15th. $25 would be added to the August, September, October, and November utility bills (In addition to the existing billing month's amount).*

**Required Information:**

Date of Request: _____ Account #: _____

Customer Name: _____

Service Address: _____

Cell Phone #: _____ May we send you text notifications? ☐ Yes ☐ No

Email Address: _____

May we send you email notifications? ☐ Yes ☐ No

Date of bill you are requesting deferment for: ___/___/___ Total amount requesting: $ _____

Requested monthly installment amount: $ _____ ***(subject to approval by LGWS- does not include monthly current charges)***

*TERMS AND CONDITIONS:*

**All request forms must have copy of supporting documentation.** Requests that are incomplete, or missing documentation, will **NOT** be processed. All Deferred Payment Requests submitted to Locust Grove Water Services will be processed within 3 business days of receipt, and are **subject to approval** by LGWS before the agreement goes into effect. Once processed, you will receive an email confirmation informing you of the acceptance of your request, or reason for denial. Your signature below acknowledges your understanding that once established, payment arrangements do not cover future monthly bills, which are due and payable on or before the due date. Failure to make scheduled installment payments, returned checks, credit card chargebacks, or delinquent current bills will result in the special payment arrangement being declared null and void and disconnection of service may be made with no further notice.

***By signing below, I am agreeing to all terms and conditions of this arrangement as put forth by City of Locust Grove.***

Customer signature: _____ Date: _____

Approved by LGWS CSR: _____ Date: _____

P.O. Box 900 - Locust Grove, GA 30248 - (770) 957-5043 fax (866-364-0996 - www.locustgrove-ga.gov