



COASTSIDE COUNTY WATER DISTRICT

766 Main St. ♦ Half Moon Bay, CA 94019

Phone (650) 726-4405

Email ♦ customerservice@coastsidewater.org

Website ♦ www.coastsidewater.org

PAYMENT PLAN APPLICATION

All Information must be completed -please print clearly

Name on Account:

Mailing Address:

Service Address (if different):

Account Number:

Date of Birth: Social Security Number:

Phone: ( ) Email Address:

I acknowledge that I am indebted to Coastside County Water District (District) in the amount of \$\_\_\_\_\_ which is delinquent. I request that I be permitted to pay off the indebtedness in \_\_\_\_\_ months. If this request is granted, I agree:

- 1. To pay the amount due in \_\_\_\_\_ equal installments of \$\_\_\_\_\_ by the 25th of each month.
2. To pay current charges and future water charges when due (late fees will apply if current bills are not paid by statement due date).
3. This payment plan, if permitted, shall not exceed twelve (12) months. Extension may only be granted by the General Manager.
4. Failure to pay the amounts due under #1 and #2 above, water to the above service address will be terminated subject to the Residential Water Service Termination Policy listed on our website at www.coastsidewater.org.
5. Current payment plan must be paid in full prior to future payment plans agreements with the District.
6. To notify the District if termination of service would be life threatening. You must attach written certification, in support of your request for amortization, signed by a licensed physician or surgeon explaining the circumstances.

Signature of Customer / date

