

CITY OF WAITSBURG
P.O. Box 35
Waitsburg, WA 99361
Phone: (509) 337-6371 Fax: (509) 337-8089

APPLICATION FOR A
DELINQUENCY FEE ADJUSTMENT

Date: _____
Name: _____
Address: _____
Phone: _____
Service Address: _____

Month that a billing statement was not received:

____ January ____ February ____ March ____ April ____ May
____ June ____ July ____ August ____ September
____ October ____ November ____ December

In the event a customer does not receive a utility billing statement, the customer may apply for and receive a reduction as follows:

- Adjustment will not exceed the amount of the delinquency charge.
- All utility billings must have been paid in full for the last 12 months.
- A customer shall be entitled to not more than one rate adjustment per calendar year.

I, under penalty of perjury, did not receive delivery of the utility statement as stated.

Signature

Date

OFFICIAL USE:

Date Received: _____

Received by: _____

Approval Process:

_____ Application is complete

_____ Application is signed

_____ All utility billings paid in full in the last 12 months

_____ Has not received an adjustment in the last calendar year

_____ Approved _____ Denied _____ Date

Amount of Adjustment: _____