



**Finance Department**

P.O. Box 1307  
Issaquah, WA 98027  
PH: 425-837-3050  
[www.issaquahwa.gov](http://www.issaquahwa.gov)

**Application for COVID-19 Emergency Flexible Payment Plan**

**Account/Application Information**

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

I \_\_\_\_\_ have been financially impacted by the COVID-19 virus and request a flexible payment plan. I request to pay my outstanding Covid-19 balance over the next \_\_\_\_\_ (max 18) months in equal installments.

Outstanding amount: \$ \_\_\_\_\_ ÷ \_\_\_\_\_ (months) = \$ \_\_\_\_\_ Payment amount

**Terms and Conditions:**

Payments are due by 20<sup>th</sup> of each month. No bill will be sent for this payment.

Payments are **in addition** to the regularly accrued charges for the account.

Late penalties will not be assessed if all agreed upon payments are made on time.

Late penalties will be applied if payments are not made according to the agreement.

I understand that, should I default on the payment as agreed, City of Issaquah may discontinue utility service and service will not be restored until the balance is paid in full plus any disconnect and reconnect fees. I further understand that should I default on this agreement; City of Issaquah will not allow another payment plan. All subsequent billings are payable when due.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner (if applicable):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit Application to [UB@issaquahwa.gov](mailto:UB@issaquahwa.gov) or City of Issaquah, PO Box 1307, Issaquah, WA 98027

The City will respond to the applicant within 7 business days of receiving the application.

City Use Only

Approved By: \_\_\_\_\_

Rejected Reason: \_\_\_\_\_

Outstanding amount verified

Payment amount verified

**First payment Due Date:**

\_\_\_\_\_