

CHARTER TOWNSHIP OF AUGUSTA
UTILITY PAYMENT PLAN (UPP) APPLICATION

To enroll in the UPP, the utility customer must meet one of the requirements described for hardship and agree to meet the payment and time requirements defined in the policy. Late fees and utility shutoff will be waived throughout the duration of the payment plan.

IMPORTANT: Any UPP that is entered into with a utility customer effectively becomes null and void by the failure of the utility customer to comply with the UPP agreed to. The Township reserves the right to change this policy at any time.

Utility Customer Name (printed) _____

Property Address and Account Number _____

Reason for Hardship (check one and provide applicable documentation):

- Medical Emergency – If there is a qualifying, documented medical emergency, written proof from a doctor or a notice from a public health official must be provided by the utility customer that service shutoff will aggravate an existing medical condition.
- Loss of Employment – If a termination or loss of employment has produced a recent loss of income, proof of either application for unemployment benefits or the termination letter from the place of employment must be provided.
- Utility Mechanical Failure - A mechanical failure occurs (such as a broken water pipe) and the utility customer is temporarily away for an extended period from the premises to readily observe the immediate problem or damage. This does not include malfunctioning in house plumbing, toilets or mal-functioning lawn watering systems while the utility customer is present onsite in the home. In these cases, the utility customer is responsible for turning off the water and securing plumbing service.
- Low Income – Utility customer income equal to 150 percent Federal Poverty Level (FPL) Guidelines. Utility usage (water and sewer) over the last 12 months is comparable with average annual usage for this residential customer.

Total Due: _____ Number of Months Allowed for Repayment: _____ (maximum of 6)

Monthly Payments Due 10th of Each Month: _____ (Total Due divided by Number of Months)

Down Payment due at inception of agreement: _____ (One Monthly Payment)

I certify that I will be responsible for making the payments listed above and also for the bi-monthly bills that are issued:

Utility Customer Name (signed): _____ Date: _____

Accepted for Augusta Township by: _____

Title: _____