

CITY OF SOUTH GATE – REQUEST FOR PAYMENT PLAN

WATER DIVISION

PLEASE READ THE ENTIRE FORM COMPLETELY PRIOR TO SIGNING

To apply for a WATER DIVISION PAYMENT PLAN, PLEASE FILL IN THE TOP PORTION OF THIS FORM.

- To obtain a payment plan, a payment must be made at the time of the application.
- Once the form is filled out, please return to staff in person or email – robinson@sogate.org. If emailing, please provide a valid copy of your driver's license or identification card.
- Failure to make the payments as schedule will result in the balance becoming due and immediately payable.
- Please note by signing this form and requesting a payment plan you are agreeing to make payments as per this agreement.

ACCOUNT ADDRESS: _____

OWNER (1) _____ **OWNER (2)** _____

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)

TELEPHONE: (HOME) _____ (CELL) _____ (WORK) _____

IDENTIFICATION:

CA Driver's License or CA Identification# _____ **Expiration date** _____

SOCIAL SECURITY NUMBER _____

I am aware the balance of \$ _____ must be made on _____ and have had this payment explained to me. By signature, I am agreeing to this payment plan and agree to make all the payments.

SIGNATURE OF CUSTOMER: _____

*****OFFICE USE ONLY*****

UB ACCOUNT # _____ **WATER STAFF** _____

TOTAL AMOUNT DUE \$ _____

DUE DATE	PAYMENTS	AMOUNT	PAID CASH/CHECK	RECEIVED BY

APPROVED BY: _____ **DATE:** _____