



Water & Sewer Utility COVID-19 Deferred Payment Program Application

Name on Account: _____

Service Address: _____

Telephone #: _____ Email: _____

Place of Employment/Business Name: _____

Employment/Business Phone #: _____

Employment Supervisor Name: _____ Contact #: _____

If you have not received confirmation of receipt of your application within three (3) business days, please contact City Hall at (458) 233-6300 or email info@cityofmillersburg.org.

The City may contact place of employment and/or business to verify claim.

Deferred Payment Program Conditions

Payment on utility accounts approved for Deferred Payment Program is deferred until July 15 (one billing period) at which time the entire deferred payment balance shall be due.

If customer is unable to pay the deferred balance, and the account was previously in good standing, the account will be subject to a repayment plan not to exceed 12 months, with collection fees waived.

Accounts not in good standing at time of deferment in which deferred plan payment is not received, will have deferred payment added to the repayment plan and which will be subject to collection fees as established in City policy.

Council may consider extending this program for an additional billing period (maximum two additional months, for a total of four months). If this occurs, participants in the Deferred Payment Program will be notified.

For Residents:

As of _____ (date of furlough/layoff), I certify that I have been laid off or my work suspended due to the Coronavirus (COVID-19) pandemic.

By my signature below, I certify that I'm qualified for this Deferred Payment Program due to my employment being impacted by a business closure, reduction of operations, furlough, or layoff; I agree to the Deferred Payment Plan Conditions stated above; and the information provided is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Printed: _____

For Businesses:

As of _____ (date of temporary business closure or reduction of operations), as an authorized representative of identified business, I certify that the business has temporarily closed, or reduced operations due to the Coronavirus (COVID-19) pandemic.

By my signature below, as an authorized representative of above identified business, I certify that I'm qualified for this deferred payment plan due to an impact by the Coronavirus resulting in a temporary business closure or reduction of operations; I agree to the Deferred Payment Plan Conditions stated above; and the information provided is true and correct to the best of my knowledge.

Signed: _____

Date: _____

Printed: _____

For City Use Only	
Reviewed by:	Approved by:
Payment Deferral Approval:	Payment Due On:
Additional Notes/Comments:	