

Caldwell County Water Department
 1385 Fairview Dr.
 Lenoir, NC 28645



(P) 828.757.5757
 (F) 828.757.5759

www.caldwellcountywater.com
water@caldwellcountync.org

email to:

REQUEST FOR PAYMENT PLAN

Applicant Name: _____ Date: __/__/__
First Middle Last

Mailing Address: _____
Street Address

Service Address: _____
Town, State, Zip Code

(if different from above)

Primary Phone No: _____ Alternate Phone No: _____

E-mail address: _____ Social Security/ Federal ID #: _____ License/ID State & #: _____
(Copy Onto Back of Application)

Account Number: _____
 Account Balance: _____
 Date of Last Payment: _____

Are you the: Tenant Owner

Reason for Request: _____

Minimum Requirements fo Eligibility
 -Customer must have established six (6) months worth of history with the County including billing and consistent payment history

Payment Schedule						
Payment 1	Amount:		Date:		Staff Initials	
Payment 2	Amount:		Date:		Staff Initials	
Payment 3	Amount:		Date:		Staff Initials	
Payment 4	Amount:		Date:		Staff Initials	

I understand that I will be allowed only one extension per 12-month period. I understand any future bills must be paid in full, in addition to the payment plan. Payments can be made in person or in the night drop box, but must be made before the payment due date. The payment location is the County Offices at 905 West Ave NW Lenoir or 4 Falls Ave Granite Falls. I understand that if the payment plan and schedule documented is not adhered to, a delinquency fee will be added to the account and placed on a list to have services disconnected immediately. No second notices will be given.

Extensions or payment agreements are not automatic; they are a privilege and will be granted only with proof of extreme hardship and after review of account and payment history. A payment arrangement in the amount of \$200.00 or less must be paid in full within two (2) billing cycles. Any payment arrangements made in excess of \$200.00 must be paid within four (4) billing cycles. I understand this form does not guarantee approval for the payment plan request. All requests are reviewed first by supervisory personnel for approval.

I understand and agree to the terms and minimum requirements listed above and further understand that failure to comply with the payment schedule list will result in services being terminated without notification.

SIGNED: _____ **DATE:** _____

FOR OFFICE USE ONLY

Accepted Date	Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of Authorized Caldwell Co. Water Dept. Staff: _____
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