

**CITY OF LONGVIEW  
COVID-19  
UTILITY PAYMENT EXTENSION REQUEST**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RENT \_\_\_\_\_ OWNER/LANDLORDS NAME \_\_\_\_\_

OWN \_\_\_\_\_

UTILITY ACCOUNT NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER/BUSINESS \_\_\_\_\_

DATE OF COVID-19 CLOSURE/BUSINESS REDUCTION \_\_\_\_\_

EXPECTED DATE TO REOPEN (IF KNOWN) \_\_\_\_\_

LAST DAY WORKED \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

**CITY USE ONLY**

Amount of Bill(s) \_\_\_\_\_

Minimum Payment required (will not be less than \$25 per month) \_\_\_\_\_

Term of Payment Plan From \_\_\_\_\_ To \_\_\_\_\_

**Regular penalty and disconnection timelines, as outlined in LMC 15.56, "Billing Procedures", will be re-established the first day of the month following the Declaration of Emergency being lifted.**

**If you are a tenant, a copy of this agreement will be sent to the owner/landlord**

