



Hardship Request Form

230 Pioneer Street / P.O. Box 608
Ridgefield, WA 98642
Tel: (360) 887-3557
www.ridgefieldwa.us

Name: _____ Account #: _____

Address: _____ Amount of bill: \$ _____

Phone: _____

I agree that the above utility bill is due. However, I am unable to pay the amount in full.

I agree to pay \$ _____ to the City of Ridgefield on _____, to make a payment of \$ _____ on _____ and the balance of \$ _____ on ____ / ____ / ____.

I understand that if I fail to pay the above installment amount(s), in the time specified, a late penalty may apply and if the payment arrangements are not made by the final installment date, my water service will be terminated, effective the next business day after the final installment was due and a \$50.00 Administrative Termination Processing Fee will apply. Any future billings generated prior to your final installment due date will be included and reflected as a beginning balance; however, this **does not** extend these payment arrangements to the future billing due date.

Signature: _____ Date: _____

Reason for hardship request:

Accepted and approved by: _____ Date: _____

Kirk Johnson, Finance Director

In accordance with Title VI of the Civil Rights Act and other applicable laws, the City of Ridgefield does not discriminate on the basis of race, color, national origin, gender, age or disability in decisions, programs or activities.