



## Hardship Request Form

203 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.