

ALLEGHANY COUNTY WATER DISTRICT
PO BOX 860
ALLEGHANY, CA 95910

(530) 287-3204
alleghanywater@gmail.com

PAYMENT PLAN FORM

Date: _____

Customer Name: _____

Water Service Address: _____ account # _____

Total Account Balance: \$ _____ Amount in arrears: \$ _____

Arrears divided by six installments = amount to be added to current monthly bill for six months to bring account current \$ _____.

Installment # 1 \$ _____ Due by _____

Note: installment # 1 is higher because it includes a \$4 late fee for the current month plus an adjustment of \$ _____ to compensate for rounding.

Installments #2 through #6 estimate assuming there is no usage overage \$ _____
Due by the end of each month.

Customer verification: I, _____ (print name)
verify that I have read and understand the above payment plan option. I understand that failure to pay by the end each month will void this payment plan and may result in a discontinuance of my water service.

Customer Signature X _____ date _____

ACWD Staff: Date received: _____ by: _____

Notes: