

WHITAKER BOROUGH

DELINQUENT SEWAGE ACCOUNT PAYMENT PLAN

The Delinquent Sewage Account Payment Plan has been established to assist customers with a reasonable opportunity to cure delinquent accounts that have arisen out of economic hardship. The following measures will be implemented effective July 14, 2021 to provide financial relief from delinquent sewage bills:

- It is solely the responsibility of the customer to request a Payment Plan.
- The Payment Plan may take up to 10 business days to process.
- Payment Plans do not become active until the signed contract is received AND the initial payment is processed by Pennsylvania Municipal Service Company.
- Payment Plan installments do not appear on the monthly bill.
- Late payment fees will not be charged while a signed Payment Plan is active and adhered to.
- Failure to make the initial payment or monthly installments on or before the due date agreed upon in the Payment Plan will automatically cancel the late fees and the account will return to the collection process to include termination of service.
- Payment Plans do not cover monthly bills, charges, fees, etc. and all new bills are due and payable on or before the due date.
- Failure to make timely current monthly payments will return the account to the collection process to include termination of service.
- Customer agrees to make initial payment of 50% of total due to stop the shut-off process.
- Customer agrees to make additional payment of \$200 per month if remaining balance is greater than \$1,200 until the delinquent balance is \$0.
- Customer agrees to make additional payment of \$100 per month if remaining balance is less than \$1,200 until the delinquent balance is \$0.

The customer, and property owner if not the customer, must complete the attached form and return to the Borough of Whitaker, 124 Grant Avenue, Whitaker, PA 15120; OR whitakerpa@outlook.com.

For Borough Use Only:

Date Received: _____

Amount Received: \$ _____

Date PA Municipal Service Company Notified: _____

Date Payment Plan Fulfilled: _____

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INFORMATION FORM

1. Customer's Name: _____
2. Customer's Phone No.: _____
3. Account Number: _____
4. Service Address: _____
5. Property Owner(s): _____
6. Property Owner's Address: _____
7. Property Owner's Phone No.: _____
8. Balance Due to Stop Shut-Off: \$ _____
9. Total Delinquent Amount Due: \$ _____
10. Amount Due with Signed Plan: \$ _____ (50% of line 9)
11. Remaining Delinquent Balance: \$ _____ (line 9 minus line 10)
12. Monthly Payments Due: \$ _____ (\$200 if line 11 is over \$1,200 or \$100 if line 11 is under \$1,200)

Customer's Signature: _____ Date: _____

IF PROPERTY IS NOT OWNED BY THE CUSTOMER THE FOLLOWING MUST BE COMPLETED:

I agree to the above terms and conditions:

Property Owner(s) Signature: _____ Date: _____

NOTARY PUBLIC

State of _____

County of _____

Signed before me on _____, 2024 by _____.

Signature of Notary Public

My Commission Expires: