**THE TORRINGTON WATER COMPANY**

**PO BOX 867**

**TORRINGTON, CT 06790**

**Phone 860 489-4149 FAX 860 496-7889**

**custserv@torringtonwater.com**

**COVID-19 PAYMENT PLAN ENROLLMENT FORM**

ACCOUNT: **DATE .**

CUSTOMER NAME . **PHONE # .**

 The undersigned hereby acknowledges that due to the impact of COVID-19 they are experiencing financial hardship and having trouble paying their delinquent water bill. Therefore, they wish to enroll in the COVID-19 payment plan.

 The undersigned agrees to pay the amount due each month by the 1st of the month and to remain current with future billings. The customer is exempt from service termination for reasons of non-payment while under this payment plan.

 This payment plan is open to all residential, commercial, and industrial customers and is not dependent on showing financial need and there is no initial down payment. The plan can be for a term of up to twenty-four months. No late fees or interest will be charged during this time on account balances so long as the payment plan remains current.

 The undersigned agrees to pay The Torrington Water Company the sum of $\_\_\_\_\_\_\_\_\_\_ per month for a term of \_\_\_\_ months at which time any remaining delinquent amount will be due and payable. The undersigned further agrees to keep current with all charges which accrue in future billing periods.

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Customer Date