



CITY OF MILPITAS

WATER FORM 998-C

REQUEST FOR PAYMENT EXTENSION

Date of Request: _____

Upon request, a customer's payment of his or her unpaid balance may be temporarily extended for a period not to exceed three (3) months after the original due date of the balance. The customer shall pay the full unpaid balance plus penalties by the date set by the City and must remain current on all water service charges accruing during any subsequent billing periods. No more than one (1) extension pursuant to section 6.2* shall be allowed per account within any consecutive twenty-four (24) month period. If a customer has used his or her payment extensions and cannot pay or keep current with his or her payments, payment terms including an alternate payment agreement may be available so long as the customer is a Qualified Customer as defined in section 6.3*.

NOTE: * Based on the policy set forth by "Section 6 – Extensions and Other Alternative Payment Arrangements" of the City of Milpitas Policy on Discontinuation of Residential Water Service available at:
<https://www.milpitas.gov/milpitas/departments/finance/utility-payment-services/>

| ACCOUNT HOLDER INFORMATION | |
|---|--|
| The section below to be filled out by the Residential Account Holder | |
| ACCOUNT NUMBER | ACCOUNT HOLDER NAME |
| | |
| ACCOUNT HOLDER PHONE NUMBER | ACCOUNT HOLDER EMAIL |
| | |
| SERVICE ADDRESS | REASON FOR REQUEST |
| | |
| DATE OF BILL REQUESTING PAYMENT EXTENSION | ORIGINAL DUE DATE OF BILL REQUESTING PAYMENT EXTENSION |
| | |
| AMOUNT OF BILL REQUESTING PAYMENT EXTENSION (fill out information below): | |
| Original Bill Amount: | |
| Plus Penalties: | |
| Total Amount Requested: | |

ACCOUNT HOLDER CERTIFICATION:

By signing below, I am certifying I am aware that I am responsible for the full amount of outstanding balance requested for payment extension. Any due date generated by my payment extension plan is independent of all other billings issued by the City of Milpitas. All subsequent bills will be due in full on the date set forth on the face of the bills.

Account Holder Signature

Print Name

Date

Please submit your Payment Extension Request within **13 days** from the **Final Notice Date** via email to FinanceCustomerService@milpitas.gov or in-person at Fiscal Services/Utility, 455 East Calaveras Blvd., Milpitas, CA 95035.

Upon receipt of this Form 998 c, City of Milpitas, Fiscal Services/Utility will contact the customer within 7 days with the result of the Payment Extension Request.

FOR OFFICE USE ONLY

| DATE | RECEIVED BY | APPROVED BY | APPROVAL SIGNATURE | REQUEST APPROVED | PAYMENT EXTENSION DUE DATE |
|------|-------------|-------------|--------------------|--|----------------------------|
| | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |