City of Rainier – Utility Billing

Request for COVID-19 Assistance

Please complete this form to apply for COVID-19 assistance on your utility bill. Qualifying customers will receive a one-time credit equaling 50% of their May 2020 utility bill, up to a maximum $300 credit and the remaining balance can be setup on a 6-month payment plan. If approved, please allow 1-2 weeks after the May billing statements go out for the credit to be applied to your account.

NAME/BUSINESS NAME____________________________________________________ ACCOUNT NO.________________________________________

SERVICE ADDRESS_________________________________________________________

BILLING ADDRESS (if different)________________________________________________

DAY PHONE______________________________ EMAIL ADDRESS __________________________

REASON FOR APPLYING______________________________________________________

__________________________________________________________

DATE FIRST IMPACTED BY COVID-19___________________________________________

WERE YOU LAID OFF FROM WORK OR LOST YOUR JOB DUE TO COVID-19? _______________________________________________________________________

IF YES, NAME OF WORKPLACE ____________________________________________

HAS SPOUSE OR ANY MEMBERS OF YOUR HOUSEHOLD BEEN LAID OFF/LOST JOB? _______________________________________________________________________

IF YES, NAME OF WORKPLACE ____________________________________________

ARE YOU OR SPOUSE CURRENTLY RECEIVING UNEMPLOYMENT? YES____NO____ IF YES, AMOUNT $_______ Weekly

IF APPROVED, DO YOU WANT YOUR BALANCE PUT ON A 6 MO. PAYMENT PLAN? YES_________ NO__________

ADDITIONAL COMMENTS_____________________________________________________________________

_____________________________________________________________________________________

I acknowledge that the information given above is true and correct to the best of my knowledge. I understand this is a one-time credit and I am still responsible for my bill.

______________________________  ________________________________  __________________________
Account Holder Signature      Print Name                                      Date

______________________________  ________________________________  __________________________
Date Received                      Approval Date                       Denial Date

Credit Amount $____________________  Notified Customer________________________