

**APPENDIX P:
DISTRICT FORMS**

- 1. Hardship Payment Plan Form**
- 2. Water Leak Adjustment Form**
- 3. Deferred Suspension of Service Form**



**HARDSHIP PAYMENT PLAN
AGREEMENT**

Date: _____

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

SERVICE

ADDRESS: _____

PHONE: _____

EMAIL: _____

The following Hardship Payment Plan Agreement is entered into between the Nueces County Water Control and Improvement District #3 (District) and _____ a customer of the District in which an outstanding bill will be paid in installments. With this plan, my water service will not be disconnected if I pay my current bill when due and also pay a calculated portion of the outstanding bill in installments until the outstanding bill is paid in full.

I, the customer named above, do hereby acknowledge that I now owe the total amount of \$_____ to the Nueces County Water Control and Improvement District #3, which sum represents charges for water and/or service charges and fees accrued by me at the service address above. I understand that if I fail to meet the terms of this agreement, my account will be subject to the returned payment policy, my water service will be subject to the District's policies on suspension and termination and my account may be subject to any additional fees associated with nonpayment of accounts that will accrue during the term of this agreement (delinquent fee, service termination, etc.). I further understand that in the event I default on this agreement my water services will not be reinstated until the full amount shown above has been paid together with all applicable service fees. I agree to pay the amounts listed below on or before the dates specified. In addition to the amounts listed below, I agree to pay the current balance on all future billings in a timely manner.

Agreement Terms:

Customer Name (PRINT)

Customer Signature

Date

FOR OFFICE USE ONLY

DATE APPROVED: _____ DATE AGREEMENT CLOSED: _____



WATER LEAK ADJUSTMENT FORM

DATE: _____

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

SERVICE _____ PHONE _____

ADDRESS: _____

_____ EMAIL: _____

DATE(S) of BILL(S) FOR ADJUSTMENT: _____

◆What was the source of the leak? _____

◆Leak Repair Date: _____

◆Describe what was done to fix or correct the water leak problem(s). Proof of repair is requested and should be submitted with this form (i.e. plumber itemized invoice, repair parts itemized receipt, or other documentation supporting any repairs).

◆Has a water leak adjustment been made for this service address during the last 60 months? _____

◆Amount of Adjustment: _____

As the Customer for the above listed service address, I hereby accept the billing adjustment under the Nueces County Water Control and Improvement District #3 Water Leak Adjustment Policy. I confirm that the above and any attached information is true and accurate. I also acknowledge and understand that only one water leak adjustment may be applied to my account in any 60 month period.

Customer Name (PRINT)

Customer Signature

Date

FOR OFFICE USE ONLY

DATE APPROVED: _____



DEFERRED SUSPENSION OF
SERVICE AGREEMENT

Date: _____

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

SERVICE

ADDRESS: _____

PHONE: _____

EMAIL: _____

This agreement is entered into by Nueces County Water Control and Improvement District No. 3 (District) and _____ (Customer), for a 14 calendar day deferred suspension of water service at the above address.

I agree to pay the full amount of _____ due on the above referenced account no later than _____. I understand that if I fail to meet the terms of this agreement, my account will be subject to the returned payment policy, my water service will be subject to the District's policies on suspension and termination and my account may be subject to any additional fees associated with nonpayment of accounts that will accrue during the term of this agreement (delinquent fee, service termination, etc.).

Customer Name (PRINT)

Customer Signature

Date

FOR OFFICE USE ONLY

DATE DEFERRMENT APPROVED: _____

DATE AGREEMENT CLOSED: _____