



CITY OF BLACK DIAMOND

2022 Payment Plan Agreement

PO Box 599 - 24301 Roberts Drive

Black Diamond, WA 98010

Phone: 360.851.4500 - Fax: 360.851.4501

ACCOUNT NUMBER: _____ DATE: _____

PROPERTY ADDRESS: _____

CURRENT DELINQUENT AMOUNT: \$ _____ PHONE: _____

NAME: _____ EMAIL: _____

BILLING ADDRESS: _____

☐ OWNER or ☐ RENTER (Select one)

I UNDERSTAND THAT THE UTILITY ACCOUNT NUMBER LISTED ABOVE IS SCHEDULED FOR SHUT OFF DUE TO A DELINQUENT, NON-PAID BALANCE.

AS AN ALTERNATIVE TO WATER SHUT OFF, I AGREE TO A PAYMENT PLAN SET FORTH BY THE CITY OF BLACK DIAMOND. THE MONTHLY PAYMENT PLAN OPTION SELECTED BELOW HAS BEEN APPROVED TO MAKE PAYMENT BY THE 10th OF THE NEXT MONTH AND BY THE 10th OF EACH FOLLOWING MONTH UNTIL ALL DELINQUENT AMOUNTS ARE PAID IN FULL. IF THE MONTHLY PAYMENT IS NOT PAID, THE AGREEMENT WILL BE TERMINATED AND WATER SERVICE WILL BE SHUT OFF.

I UNDERSTAND THAT I WILL NOT BE CHARGED DELINQUENT FEES ON THIS AGREEMENT AS LONG AS PAYMENTS ARE MADE BY THE 10th OF EACH MONTH PER THIS AGREEMENT.

CUSTOMER SIGNATURE

FINANCE DIRECTOR/
DEPUTY FINANCE DIRECTOR

DATE

DATE

PLEASE SELECT OPTION 1, 2, OR 3 BELOW

Selected Option (Check one)		Delinquent Amount	Payment Agreement
<input type="checkbox"/>	1	\$80-\$999	\$180 per month
<input type="checkbox"/>	2	\$1000-3000	\$230 per month
<input type="checkbox"/>	3	Higher payment amount	\$_____ per month