

Request for Exemption* of Discontinuation of Water Service

Name: _____

Property address: _____

Account number: _____

ALL of the following conditions must be met to avoid discontinuation of water service for non- payment:

1. Health Condition – I have attached certification of a primary care provider that discontinuation of water service would (a) be life threatening, or (b) pose a serious threat to the health and safety of a resident.

AND

2. Financial Inability – I attest that I am financially unable to pay for water service within the normal billing cycle when due. I or a member of my household are:
 - a. A current recipient of one of the following benefits: CalWORKS, CalFresh, general assistance, Medi-Cal, SSI/State Supplementary Payment Program, or California Special Supplemental Nutrition Program for Women, Infants, and Children. (Attach documentation)

OR

- b. The current household's annual income is less than 200% of the Federal poverty level

AND

3. Alternative Payment Arrangements – I am willing to enter into an amortization agreement or alternative payment schedule consistent with the City of Soledad's policy. **[Agreement Attached]** (*exemption is conditional on complying with policy regarding non-payment of a contractual agreement)

Customer Signature: _____ Date: _____

Printed Name: _____ *Approved by:* _____