



PENALTY WAIVER REQUEST

Customer Name _____

Service Address or Account Number _____

Provide reason for request:

Waiver request \$ _____

(Note: A waiver request may only be submitted if the account is paid in full (zero balance). An approved waiver request will be applied as a credit to the following month's invoice.)

Signature or Email _____ Date _____

For Office use only:

Waived within the last 12 months? Yes No
 Approved Denied

Signature _____ Date _____
Jocelyn Adlao, Accountant

Signature _____ Date _____
Vickie Dragan, Director of Finance