



## 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