



# Oceano Community Services District

1655 Front Street | P.O. Box 599 | Oceano, CA 93475

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## Request for Payment Plan under Hardship Cases

Name	
Address	
Date	
Signature	<hr/> <p>I acknowledge that according to District Resolution 2019-11 (District Code 6.08.010, if I am approved for a payment plan and I am delinquent on my current charges for more than 60 days, my water service may be discontinued.</p>

- i. Certification of Primary Care Provider
  - Customer has provided Certification of a Primary Care provider in accordance with Welfare and Institutions Code 14088(A)(1).
- ii. Demonstration that the Customer is Unable to Pay with the normal billing cycle.
  - Customer acknowledges under penalty of perjury, by checking this box and signing this form, that they have a financial inability to pay and they agree to enter into a payment plan. Customer acknowledges that their water service can be turned off if they do not pay their current residential service charged for 60 days or more.
- iii. Willingness to Enter into an Amortization Agreement, Alternative Payment Scheduled, or a Plan for Deferred Payments.
  - Customer acknowledges they are willing to enter into a payment plan not to exceed 12 months.

Bill Month & Year of Payment Plan	Bill Amount:	Monthly Payment Amount:

For office use only:

Account Number	
Approved/Denied	