

**CITY OF LOVINGTON**  
**DISASTER OR EMERGENCY PAYMENT EXTENSION FORM**  
**INCIDENT DECLARED DATE: \_\_\_\_\_**



**Customer Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Number and Street City State ZIP

**Service Address:** \_\_\_\_\_  
Number and Street City State ZIP

**Phone:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Current Gross Monthly Income:** \_\_\_\_\_ (must provide copy of current unemployment verification, current wage stub, or current SSI benefit)

**Number in household:** \_\_\_\_\_ (provided from most recent tax return, City will require copy of number of dependents listed on return)

**Initial Payment Extension**

**Requested Date:** \_\_\_\_\_ **Amount Due:** \_\_\_\_\_

My signature below indicates I have submitted a request for payment extension of my City of Lovington utility bill. I understand that this does not forgive the balance due and that prompt payment of this amount is expected within the next thirty days. I further understand that I will incur a 10% late fee for the balance due. It is further understood that my City utilities will not be disconnected for non-payment during the declared disaster or emergency period.

Should payment of the past due balance made with this initial request not be made within the next thirty days, I am able to submit a request for an additional payment extension. The additional payment extension form must be requested and returned prior to the 25<sup>th</sup> day of the month. Additional payment extensions not returned before the 25<sup>th</sup> of the month will be assessed a \$50.00 penalty.

Once the disaster or emergency is terminated as determined by the Lovington City Commission, all past due balances are to be paid in full. Failure to pay any past due balances in addition to current charges will result in service disconnection. Although payment arrangements for past due balances accrued during the disaster or emergency period can be requested, customers are highly encouraged to pay balances due as soon as possible.

My signature below also certifies that the information provided is factual. The City reserves the right to request additional documentation to prove income and number in household. Submission of false information will result in civil penalties and possible criminal charges. Failure to provide requested income will result in automatic denial of extension request.

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**

CITY USE ONLY	
DATE AND TIME RECEIVED: _____	BY: _____
1 <sup>st</sup> Review by: _____	Date: _____
Approved by: _____	Date: _____

**CITY OF LOVINGTON**  
**DISASTER OR EMERGENCY PAYMENT EXTENSION FORM**  
**INCIDENT DECLARED DATE: \_\_\_\_\_**

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial

Payment Extension #2 Received Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Payment Extension Request Form Number: \_\_\_\_\_ Approved: \_\_\_\_\_  
Y/N and Initial