



1490 Broadway, Suite 2  
Chesterton, IN 46304  
219-926-1572  
Fax: 219-929-1428  
www.chestertonin.org

### APPLICATION FOR FLEXIBLE PAYMENT PLAN

#### Account/Application Information

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_ have been financially impacted by \_\_\_\_\_ "Covid Pandemic" and request a flexible payment plan. I request, and agree, to pay my outstanding balance over the next \_\_\_\_\_ (max 12) months in equal installments.

Outstanding amount: \$ \_\_\_\_\_ / \_\_\_\_\_ (months) = \$ \_\_\_\_\_ **Payment Amount**

#### Terms and Conditions:

- Payments are due by the 15<sup>th</sup> of each month. A bill will be sent for this payment.
- Payments are in addition to the regular/current charges for the account.
- Late penalites will not be assessed if all agreed upon payments are made on time.
- Late penalites will be applied if payments are not made according to this agreement.

I understand that, should I default on the payment as agreed, the Town of Chesterton may discontinue my water utility service and service will not be restored until the balance is paid in full plus any disconnect and reconnect fees. I further understand that should I default on this agreement, the Town of Chesterton will not allow another payment plan. I understand that all subsequent billings are payable when due and are not included as part of this payment agreement.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit, or drop off, Application to: Town of Chesterton, 1490 Broadway, Suite 2, Chesterton, IN 46304**

The Utility will respond to the applicant within five business days after receiving a completed application.

#### Town Use Only:

Approved By: \_\_\_\_\_  
 Rejected Reason: \_\_\_\_\_

Outstanding amount verified  
 Payment amount verified

**First payment Due Date:** \_\_\_\_\_