



LAMBERTVILLE MUNICIPAL UTILITIES AUTHORITY

Application for COVID-19 Installment Payment Plan

Account/ Applicant Information

Date: _____ Account Number _____

Service Address: _____

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ E-mail: _____

I _____ have been financially impacted by the Covid-19 virus and request an installment payment plan. I understand that in accordance with New Jersey enacted Bill 4081 only residential customers shall be eligible for an installment plan for delinquent sewer charges accruing between March 9, 2020 & March 15 2022. I request to pay my past due balance covering the period of March 9, 2020 through March 15, 2022 over the next _____ (max is 12) months in equal installments. My payment plan must be completed by **May 16, 2023**.

Past Due amount: \$ _____ ÷ _____ (months) = \$ _____ installment payment plan amount in addition to regularly accrued charges. The first plan payment is due upon submission of this form in addition to current charges that become due after March 15, 2022.

Terms and Conditions:

- Deadline for submission of this installment plan application is due no later than **May 16, 2022**, to be considered eligible.
- Installment payments are due by the 15th of each month. A separate bill will not be sent for this payment.
- Payments are in addition to the regularly quarterly charges for the account.
- The quarterly bills will reflect the total amount due, including the payment plan balance.
- Late penalties will not be assessed if all agreed upon payment are made on time.
- Late penalties will be applied if payments are not made according to the agreement.
- Only Residential customers are eligible to enter into a payment plan.
- I understand, should I default on the installment payment plan as agreed, the Lambertville Municipal Utilities Authority will not allow another payment plan. All subsequent billings are payable when due.

Applicant Signature: _____ Date: _____

Submit completed application with a copy of a government issued identification to mege@lambertvillemua.com or Lambertville MUA, PO BOX 300, Lambertville, NJ 08530

LMUA Use Only

____ Approved By: _____

____ Rejected Reason: _____