

Income Based Penalty Exempt Form

Customer ID: _____

Location ID: _____

Customer Name: _____

Service Address: _____

Billing Address: _____

1. I, the undersigned, hereby certify to the Borough of Ellwood City that I am on a “fixed income”. My only source(s) of income are on a monthly basis such as social security, pension, welfare, or disability.
2. Receipt of this income does not reach me before the due date of the Borough utility bill.
3. Wishing to maintain my good credit status with the Borough of Ellwood City and avoid the payment of any late charges on my account, I agree to pay my bill in full within a 25-day period from the date of receipt.
4. I understand that as long as I pay my bill within a 25-day period from the date of receipt that a late payment charge will not be assessed. If I fail to adhere to this schedule, I further understand that the Borough may reinstate the late payment charges against my account and pursue any other lawful means necessary to collect full payment of my account.

Date Signed _____

Signature _____

Date Entered _____

By _____