

LANDLORD APPROVAL FORM FOR TENANT PAYMENT PLANS

Property Address: _____ Account # _____

Tenant's Name _____ Date _____

Monthly Payment Amount for Payment Plan: \$ _____

Landlord's Name _____ Date _____

Landlord's Address: _____ Phone # _____

The tenant noted above is requesting to arrange a payment plan to take care of a delinquent water/sewer bill. Please indicate below what you wish us to do for this tenant?

- ___ Do not allow the tenant to set up a payment plan.
- ___ Allow the tenant to set up a payment plan for no more than six (6) months. Please furnish our office with a copy of the payment plan and notify us if the tenant misses any agreed upon payment.
- ___ Do not allow any tenant to set up a payment plan at this address at any time.
- ___ Allow tenant waiver of shut off until payment is received by FISH

This form should be returned to the Greene County Sanitary Engineering Department, Billing Group, as soon as possible in order to accommodate this tenant and avoid disconnection of the water.

Signed:

Witnessed:

(landlord signature)

(signature)

(printed name)

(printed name)

(date)

(date)