



CITY OF FILLMORE
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 Fillmore, California 93015-1907
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Payment Plan Request

Payment plans shall be granted if the below 3 requirements are met. All requests and supporting documentation must be received by the finance department at least 15 days calendar prior to shutoff date or before the final delinquent notice is mailed. The finance department will review documentation and respond to user within 5 day calendar days either requesting additional information or approving a payment plan arrangement.

Criteria to qualify for payment plan:

(1) Health Conditions. The User or tenant of User submits certification of a “Primary Care Provider”, as defined in Welfare and Institutions Code Section 14088(b)(1)(A), that discontinuation of water service would be life threatening, or pose a serious threat to the health and safety of a person residing at the property;

(2) Financial Inability. The User demonstrates he or she is financially unable to pay for water service within the water system’s normal billing cycle. A User is deemed “financially unable to pay” if the User or any member of the User’s household is: a current recipient of the following benefits: CalWORKS, CalFresh, general assistance, Medi-Cal, SSI/State Supplementary Payment Program or California Special Supplemental Nutrition Program for Women, Infants and Children, enrolled in SCE or SoCal Gas CARE program; or the User declares the User’s household annual income is less than 200% of the federal poverty level; and

(3) Alternative Payment Arrangements. The User enters into an amortization agreement, alternative payment schedule or a plan for deferred payment, consistent with the provisions of Chapter 16.04 and makes payments as required by that agreement, schedule, or plan, as applicable.

I understand that penalties and interest will continue to accrue until the account is paid in full. If additional information is requested the user has 3 calendar days to provide information. The finance department will respond within 5 calendar days of its receipt of additional information. If declined the user has 2 business days to pay delinquent balance on account or by the scheduled shutoff date whichever is later. If approved an alternative payment arrangement agreement will be provided to the user.

Date of Request:		Acct. Number:	
Date of Bill:		Name on Acct:	
Shut off Date:		Address:	
Amount of Bill:	\$	Phone Number:	

Signature: _____

Date: _____

Received by: _____

Date: _____