

**PAYMENT ARRANGEMENT PLAN  
Request for Suspension of Utility Disconnect  
COVID-19 Emergency Response**

**Customer Name:** \_\_\_\_\_ **Account #** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

The City of Broken Bow understands that COVID-19 is having an unprecedented disruptive effect on customer's ability to pay monthly bills. Thus, the City will not disconnect any customer for 45 days (subject to extension) under the following conditions:

The customer subject to the disconnection submits in writing a request to suspend the utility disconnection because of financial disruption to the customer's personal or business income from COVID-19. The customer shall indicate briefly the nature of the disruption such as:

**Job loss or layoff due to COVID-19 repercussions on employer**

**Loss of income due to reduction in hours by employer due to COVID-19 conditions**

**Inability to work based on self-quarantine or ordered quarantine due to COVID-19 exposure**

**Quarantine due to COVID-19 infection**

**Quarantine to care for family member exposed to or infected with COVID-19**

**Inability to work because no daycare is available**

**Other COVID-19 related reasons**

I, the undersigned customer of the Broken Bow Municipal Utilities understand that this Agreement is the result of the COVID-19 Emergency and allows for an extension of time for payment of utility bills to avoid disconnect; that I willingly commit to a payment plan for the unpaid utility bills; that I understand that the last day to apply for an extension is **December 31, 2020**; that I understand that my outstanding balance must be paid by **March 1, 2021**; that I understand providing false information to a public utility is a violation of Neb. Rev. Stat. 28-901 and 28-909 and is punishable as a class 1 misdemeanor subject to one-year imprisonment or a fine of \$1,000.00; that failure to pay in accordance with the agreed terms or notify Broken Bow Municipal Utilities of the inability to pay in accordance with the agreed terms could result in disconnect; that full payment of all amounts due will be my ultimate responsibility when the COVID-19 Emergency is declared over.

**Payment Amount:** \_\_\_\_\_ **Payment Frequency:** \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clerk's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Sent a copy to Landlord** \_\_\_\_\_

*This policy was adopted by the City of Broken Bow Board of Public Works on November 9, 2020.*