DEFERRED PAYMENT AGREEMENT

The Corporation of Liberty has designated this form for utility service account holders may request a deferred payment in the event the account holder is facing disconnection due to non-payment of the previous utility invoice.

The maximum length of postponement for utility service account holders without medical conditions shall postpone the utility disconnection for a maximum of thirty (30) calendar days from the original scheduled disconnection date. This agreement is only available one time per rolling twelve (12) month period.

The maximum length of postponement for utility service account holders with verifiable medical conditions shall postpone the utility disconnection for a maximum of thirty (30) calendar days from the original scheduled disconnection date. However, a Utility Medical Request Form must be completed by a designated health care and turned into the Town Administration Building for this designation to be approved. A household is limited to a maximum of two (2) medical extensions per rolling calendar year.

No medical extensions shall be granted if the past-due balance on the account exceeds $ 500.00, unless the customer makes a good-faith payment to bring the balance below this threshold prior to the extension being authorized.

The extension is a postponement, not a waiver of the amount owed.

Within fourteen (14) calendar days of the medical extension being granted, the customer must execute a Deferred Payment Agreement (DPA) with the Corporation of Liberty.

The DPA will require the customer to pay all current monthly utility charges moving forward plus a structured installment toward the past-due balance.

If the non-medical utility customer fails to sign the DPA before the date of disconnection, the Town shall proceed with disconnection of service.

If the verified medical utility customer fails to sign the DPA within fourteen (14) days, or fails to make a payment required by the DPA, the medical extension becomes void, and the Town may proceed with standard disconnection procedures without notice.

If a customer, non-medical or medical, has defaulted on a Deferred Payment Agreement (DPA) previously, the right to require a good-faith payment of 25% of the past-due before granting the extension request.

The Town reserves the right to contact the signing medical Professional's office solely to verify the authenticity of the signature and the Utility Medical Request Form. Any altered or falsified forms will result in immediate disconnection and potential legal action.

The Corporation of Liberty operates as a utility provider, not a social service agency. To ensure residents receive long-term help, the customer must provide proof within ten (10) days of the extension that they have applied for emergency utility assistance through one of the following entities:

(1) The Center Township Trustee (or applicable Union County Township Trustee).

(2) The Interlocal Community Action Plan (ICAP) or local Low-Income Home Energy Assistance Program (LIHEAP).

Failure to seek external financial assistance during the thirty (30) day window may be grounds for denying any subsequent DPA, medical or not.

All medical and assistance forms submitted under this plan, shall be treated as strictly confidential records. They shall be kept in a secure file separate from the general utility billing records, only accessible to the Utility Billing Clerk or the Clerk-Treasurer, and shall not be disclosed to the public, in compliance with federal and state privacy guidelines.

I wish to make the following arrangements with the Corporation of Liberty. I understand that if I do not make payments as outlined, utility services will be disconnected without further notice and the total amount due must be paid in full and will owe a $50.00 reconnect fee to have service restored.

Account number:_____

Billing Name:_____

Service Address:_____

Phone Number:_____

Total Amount Due:_____

Previous Amount Due:_____

Date of First Payment:_____ Amount of First Payment:_____

After the first payment, installment payments will be as follows:

Signed:_____

Date:_____

Approved by:_____

Date:_____