



1000 N. Old Betsy Rd\* Cleburne, TX 76031 \* P.O Box 637 Keene, TX 76059\* 817-641-3336\*

**Payment Schedule for Social Security or Disability Customers**

Customer's Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Utility Account #: \_\_\_\_\_

**A COPY OF YOUR AWARD LETTER OR PROOF OF PAYMENTS IS REQUIRED.**

Date Social Security is received: \_\_\_\_\_

Date Disability is received: \_\_\_\_\_

Comments/Concerns: \_\_\_\_\_

**Ordinance NO 2017-548:**

“Customers that rely on social security payments and their social security payments arrive after the payment due date may apply to be placed on a list that waives the late payment penalty for late payment, upon providing proof of the payment arrival date, so long as the account balance consists only of the currently billed amounts. Those accounts excluded by law from receiving late payment penalties, upon providing proof of the lawful exclusion, will not be charged the late payment fee.”

I hereby certify that the above information is true and correct, and I understand that any misrepresentations on this request may be grounds for denial. By signing below, I acknowledge that all the information is accurate, and I give the City of Keene permission to verify any information provided.

I understand this waives the late penalty fee ONLY. Furthermore, I understand that I am responsible for making my payment as required on or before the regularly occurring monthly disconnection date of which applies to all utility account customers.

Customer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_