



City of Martinez

525 Henrietta Street
Martinez, CA 94553-2394

ONE-TIME PAYMENT EXTENTION

(ONLY one payment extension may be granted in a 12-month period)

Customer Information	
Account Number	
Customer ID Number	
Name	
Address	
Email	
Phone Number	
Please state the reason(s) you are unable to pay your water bill in full	

Requested Payment Schedule:

Number of Payments	Payment Amount (Enter amount to be paid each month)	Payment Due Date (ONE - Payment a month)	Office Use Only		
			Payment Status (Paid/Not paid)	Shut-OFF Date for non-payment	Turn-ON Date
1.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
2.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
3.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
4.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
5.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
6.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
7.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
8.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
9.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
10.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
11.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
12.			Yes <input type="checkbox"/> No <input type="checkbox"/>		
TOTAL BALANCE		AS OF _____ (Enter date today's date)			



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Failure to pay the delinquent balance will result in your water being shut-off and \$20.00 in trip charges. If you are unable to make the above payments, please contact us immediately at collection@cityofmartinez.org or (925) 324 - 3761.

Failure to pay the current balance prior to your next billing will result in a 10% penalty being assessed on your account. Water service in subject to discontinuance for failure to pay subsequent delinquent bills. In order to dispute a bill, you must notify us in writing 5 day of the receipt of bill.

We encourage you to keep usage at a reasonable amount. A typical allocation is 75 gallons per person per day or 4,500 gallons (6 HCF units) per person for a 60-day billing cycle.

You may be eligible to apply for lifeline if you meet the requirements. To check if you qualify, please click on the following link: <https://www.cityofmartinez.org/home/showpublisheddocument/1396/637731157180900000>

☐ I have read and understood the conditions of the payment extension included in the form.

Customer Signature _____ Date _____

Office Use Only					
# of Bills	Bill Date	Bill Number	Balance Due	Date Paid	Close Special Condition
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
Total Balance					