

South Farmingdale Water District

Late Fee Waiver Request Form

To Whom It May Concern: _____ Date: _____

Regarding water account number _____, we request that the late payment fee of \$_____ posted to our account on _____ be waived because:

- () we did not receive the bill
- () my payment processor made an error
- () other _____

We have been advised that we may not be eligible for a waiver if we have received a waiver within the past three years.

Customer print name _____ Customer signature _____

Telephone: _____ Email: _____

Next section to be completed by South Farmingdale Water District:

Late fee waived during 3 year look back period? () no () yes Clerk initials: _____

Request:

() Approved

() Declined: _____

SFWD signature: _____ Date _____

Informed customer: Email Phone Call

Download this form and hit the submit button once completed
(Note – submit button will not work in internet browser, form must be downloaded)
If unable to download, please email to info@sflower.com or fax 516-249-9053