



**City of East Helena**  
**306 E. Main PO Box 1170**  
**East Helena, MT 59635**  
**Phone (406) 227-5321**

Application for:  
**COVID-19 Emergency Payment Plan – Utilities**

Applicant Name: \_\_\_\_\_

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

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

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

**Outstanding Balance:** \_\_\_\_\_

I have been financially impacted by COVID-19 and request a payment plan for past due utility charges.

I request to pay my outstanding balance over the next \_\_\_\_\_ months, in equal installments.

\*Applicants may select up to 6 months without prior written approval from the City Council.

\_\_\_\_\_ If you are requesting a longer-term payment plan, please initial here and you will be contacted by City staff.

Outstanding Balance \$ \_\_\_\_\_ ÷ \_\_\_\_\_ Months = \$ \_\_\_\_\_ Monthly Payment toward Past Due Amount

**First Payment Due Date:** \_\_\_\_\_

**Terms & Conditions:**

Payments must be received by the 15<sup>th</sup> of each month. \*\* No bill will be sent for this payment plan \*\*

Payments for past due balance must be made in addition to the regularly accrued monthly charges for this account.

**Regular monthly charges must remain current.**

By making monthly payments as agreed upon under the COVID-19 Emergency Payment Plan, while such payment plan is in place, the City of East Helena will not add late penalty fees to your account.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this completed application to City Hall at 306 E. Main Street, or mail to PO Box 1170.

The City will respond to the applicant within 10 business days of receiving the application.

**City Use Only:**

Form Version 20201020

Outstanding Balance Verified Approved By \_\_\_\_\_ Date: \_\_\_\_\_

Payment Amount Verified Rejected By \_\_\_\_\_ Date: \_\_\_\_\_

First Payment Due Date: \_\_\_\_\_ or Reason for Rejection: \_\_\_\_\_