

City of Danielsville  
WATER BILLING - HARDSHIP REQUEST APPLICATION

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
initials

Name on Account \_\_\_\_\_ Acct. # \_\_\_\_\_

Person Requesting Hardship Consideration: \_\_\_\_\_

Relationship to Account Holder: \_\_\_\_\_

Location of Account: \_\_\_\_\_

Phone # \_\_\_\_\_

Reason for Hardship Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Terms Requested: \_\_\_\_\_

I understand that this request is valid for up to 3 months (90 days) from the date approved, and that I must reapply for an extension of this hardship application, if needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

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

Current Bill: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Amount Past Due: \_\_\_\_\_

Other: \_\_\_\_\_

NOTES: \_\_\_\_\_

Total Due \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature