

CITY OF ISHPEMING TEMPORARY EXTENSION APPLICATION

This form is for those individuals who are unable to pay their City of Ishpeming utility bill in full by the designated due date. This form may be used to delay payment up to 2 weeks from the billing due date. Please return signed form with proof of identity to Ishpeming City Hall 100 E. Division St. Ishpeming, MI 49849 (906) 485-1091.

Today's Date: ______ Account #: ______

| Name: | |
|---|---|
| Address: | |
| Phone #: | |
| ☐- Homeowner | |
| Rent Landlord: | Phone#: |
| Please note: | |
| First extension per household address is Free annually. Add filing fee to be paid when application is submitted, and n the City. The City does not monitor partial payments. It is your responsate extension deadline. Application must be received no later than the Disconnect Date on the current utility bill. | nay be approved at the discretion of insibility to submit payments by the |
| • Applications must be completed and turned in prior to the issuance of the Public Notice of Disconnect. I understand that while my due date has been extended, any past due balances will incur a 5% penalty per month. Any penalties, late fees, & interest fees are to be paid in full by the extension deadline. I also acknowledge that if my account balance is not paid in full by the extension deadline that the City will issue a Public Notice of Disconnect on my residence. I understand that I will have 72 hours to pay the balance in full or my service will be disconnected. To restore service, the City will require that the past due balance, \$50 fee for Notice of Public Disconnect, and the current Turn Off/Turn On fee be paid in full. | For Staff Use Only Driver's License# # Application Status: Staff Initials: Date Received: Date Approved: Fee: Notes: |
| Signature | |
| Date: | |