

# VILLAGE OF ANSLEY

Lanette C Doane, Village Clerk

## BOARD OF TRUSTEES

**PAYMENT ARRANGEMENT PLAN**  
**Request for Suspension of Utility Disconnect**  
**COVID-19 Emergency Response**

Post Office Box 307  
ANSLEY, NEBRASKA 68814  
villageofansley@nctc.net  
Phone: 308-935-1467  
Fax: 308-935-9105

**Customer Name:** \_\_\_\_\_ **Account #** \_\_\_\_\_

The Village of Ansley understands that COVID-19 is having an unprecedented disruptive effect on customer's ability to pay monthly bills. Thus, the Village will not disconnect any customer for 45 days (subject to extension) under the following conditions:

The customer subject to the disconnection submits in writing a request to suspend the utility disconnection because of financial disruption to the customer's personal or business income from COVID-19. The customer shall indicate briefly the nature of the disruption such as:

- Job loss or layoff due to COVID-19 repercussions on employer
- Loss of income due to reduction in hours by employer due to COVID-19 conditions
- Inability to work based on self-quarantine or ordered quarantine due to COVID-19 exposure
- Quarantine due to COVID-19 infection
- Quarantine to care for family member exposed to or infected with COVID-19
- Inability to work because no daycare is available
- Other COVID-19 related reasons

I, the undersigned customer of the Village of Ansley understand that this Agreement is the result of the COVID-19 Emergency and allows for an extension of time for payment of utility bills to avoid disconnect; that I willingly commit to a payment plan for the unpaid utility bills; that I understand providing false information to a public utility is a violation of Neb. Rev. Stat. 28-901 and 28-909 and is punishable as a class 1 misdemeanor subject to one-year imprisonment or a fine of \$1,000.00; that failure to pay in accordance with the agreed terms or notify the Village of the inability to pay in accordance with the agreed terms could result in disconnect; that full payment of all amounts due will be my ultimate responsibility when the COVID-19 Emergency is declared over.

**Payment Amount:** \_\_\_\_\_ **Payment Frequency:** \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Village Clerk's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

