



HOOPA VALLEY TRIBE

**HVPUD**

**HOOPA VALLEY PUBLIC UTILITIES DISTRICT**

P.O. BOX 656

HOOPA, CALIFORNIA 95546-0656

(530) 625-4543 • FAX: (530) 625-4112

**PAYMENT ARRANGEMENT PLAN**

I, \_\_\_\_\_, the undersigned hereby agree to the terms and  
Print Full Name

conditions for payment of services rendered. I understand that I am required to pay the past due balance, as well as the current monthly service rate.

The total account balance in the amount of \$\_\_\_\_\_, will be paid in accordance with the payment arrangement set forth below (Check which option applies):

I agree to pay the entire past due balance on \_\_\_\_\_.

Enter Date of Full Payment

I request to set up a payment arrangement plan.

Per the Rules & Regulations of the Hoopa Valley Public Utilities District, 1/2 of the total amount due **must** be paid in the first installment. Please list the dates and amount of each additional installment payment.

1<sup>st</sup> Payment- \$ \_\_\_\_\_

2<sup>nd</sup> Payment- \$ \_\_\_\_\_

3<sup>rd</sup> Payment- \$ \_\_\_\_\_

**If the payment arrangement terms are not met, I understand that my water service will be turned off and I will be required to pay a re-connection fee of \$50, plus the total amount due in order to restore my service. Additionally, I acknowledge that if payment is not received, HVPUD may submit for a per capita garnishment (if applicable), or may seek other means of retribution per Hoopa Valley Tribe's Title 28-Debt Collection Ordinance.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of HVPUD Employee

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

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

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

\_\_\_\_\_  
Name on the Account