

Payment Assistance Request

Due to Covid-19 customers may request assistance with their monthly bills. Please use this form and submit to the Account Recovery Team. After review, the customer will be contacted with confirmation and decision.

Account Information

Complete the following information using the information on your account.

Business or Customer Name: _____

Account#: _____

Business Location or Customer Address: _____

Contact #: _____

Email: _____

Reason for Request

Business Closure (Permanent) Business Closure (Temporary)

Employee - Lost Job Employee - Layoff

How many hours does this loss equate to?

40 Hours per week 20 Hours per week 10 or less hours per week Other

Monthly Invoice Amount before loss?

Additional Comments:

Submit your request to billing@citizens.coop

Please allow 24-48 hours during normal hours of operation for request to be processed. Someone will contact you to discuss.

