



# Oceano Community Services District

1655 Front Street, P.O. Box 599, Oceano, CA 93475

(805) 481-6730 FAX (805) 481-6836

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## Request for Payment Plan under Hardship Cases

Name	
Address	
Date	
Explanation of Hardship (do not include confidential information)	
Signature	<p>_x: _____</p> <p>I acknowledge that according to District Ordinance 2015-1, I can request a payment plan once every 24 months for hardship cases. If approved, I understand that I am obligated to pay 50% at the due date and the remaining balance at the time my next bill is due together with the amount due at that time.</p>

For office use only:

Account Number	
Approved/Denied	