



WATER SERVICES DEPARTMENT
Covid-19 Special Assistance Application Form

To Be Completed By Customer:

Name of Applicant: _____

Account Number: _____ Social Security Number: _____

Service Address(s): _____

Contact Number(s): _____
(Home) (Mobile)

Place of Work(s): _____

Customer Signature: _____

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To Be Completed By Employer:

This is to certify that _____ is employed/has been employed
at _____ up to March 2020.

As a result of the Covid-19 pandemic, the employee listed above fell into the below category:

- Reduced hours, days resulting in pay reduction/loss
- Temporarily Laid off without full payment
- Terminated/ Made Redundant
- Quarantined/ Isolated resulting in loss of pay
- Other

If Other, please give details: _____

FOR OFFICIAL USE ONLY

Approved

Not Approved

Comments:

Signature of Manager: _____

Date: _____