

## REQUEST TO SUSPEND UTILITY DISCONNECTION APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_, Shelton, NE 68876

PHONE NUMBER OF APPLICANT: \_\_\_\_\_ ( ) Cell ( ) Land

The undersigned hereby requests that the Village of Shelton suspend any and all utility disconnections for which it is responsible for an initial period of 45 days as a direct result of the Covid-19 Virus and the effects it has had financially on my household, in particular:

- ☐ Loss of direct Income
- ☐ Loss of income indirectly caused by care for another
- ☐ Loss of employment, either temporary or permanent
- ☐ Income reduction due to social distancing
- ☐ Loss of income due to self-quarantine
- ☐ Loss of income due to other Covid-19 reasons

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge the obligation to the Village of Shelton and agree to pay said obligation within 45 days of the expiration of this suspension.

I further understand that providing false information for the purpose of obtaining such suspension of utility disconnection is a criminal violation punishable by up to \$1000.00 or imprisonment up to one year, or both.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date