To : Laguna Water District Aquatech Resources Corporation

Dear Sir/ Ma’am,

I understand and agree that I am financially responsible for the payment of the water services received in the amount stated in this staggered payment form. I agree to pay the amount in the time period stated below.

I understand that the remaining balance from May 2020 and prior billings not paid in full will be paid within 2 months, 3 months or 4 months and the subsequent billings starting from June will be payable monthly on top of the approved amount on staggered payment.

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bill amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment mode:

2 months

3 months

4 months

Penalty charge for current billings will be waived, provided current bill and monthly dues are paid on or before the due date. The request will be processed within seven working days from the receipt.

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Customer’s name and signature Date