



1812 state highway 361 suite f • port aransas, texas 78373

office 361.749.5201 • fax 361.749.5799

Covid-19 Utility Relief Request

Date: _____

I, _____, request to be relieved from liability for payment of my water/sewer utility bill due to financial strain caused by Covid-19 on this day, _____ for the period of _____ months.

Account #: _____

Service Address: _____

Phone #: _____

I understand that per this arrangement I will be responsible for my past due balance beginning on the month of, _____.

(Signature)

(District Representative)