



COVID-19 STATE OF EMERGENCY
SELF-CERTIFICATION FORM
FOR SMALL BUSINESS CUSTOMERS
CHANGE IN FINANCIAL CIRCUMSTANCES

Account Number: _____

Name on Account: _____

Service Address: _____

Billing Address*: _____

*If different from Service Address

Telephone Number: _____

E-mail: _____

Certification:

Please read the following certification. Your signature is verification that you are stating this to be true:

I attest that due to COVID-19 State of Emergency, which began on March 7, 2020 and continued through June 23, 2021, the business that I own or am an officer of has experienced a change in financial circumstances and that (i) the business currently has twenty-five(25) or fewer employees, (ii) the business is not a publicly held company or a subsidiary thereof and (iii) the business is not a seasonal, short-term or temporary customer of the Town of Wallkill.

Signature

Date

Print name of person signing

Please return this form to the Town of Wallkill Water and Sewer Account Clerk
no later than December 8, 2021.