



# Discontinuation Exemption Request

City of Rapid City Public Works • 300 6<sup>th</sup> Street, Rapid City, SD 57701 • (605) 394-4165

**PLEASE PRINT CLEARLY!**

## APPLICANT INFORMATION

Applicant's name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

Property address

\_\_\_\_\_  
Street address, apartment no., PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Mailing address

(If different from property)

\_\_\_\_\_  
Street address, apartment no., PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Telephone number

\_\_\_\_\_

Email Address

\_\_\_\_\_

Account Number

\_\_\_\_\_

## QUALIFYING CONDITION FOR EXEMPTION

The City of Rapid City will resume discontinuation of services for non-payment effective January 4, 2021. Accounts which remain delinquent on that date will be scheduled for immediate discontinuation. The City will consider granting an exemption from the January 4, 2021 deadline for individuals who continue to experience a hardship due to the COVID-19 pandemic.

An individual must request an exemption to prevent a discontinuation of services. The account holder must make a basic showing that they have suffered a hardship as a result of the COVID-19 outbreak and enter into a payment arrangement to bring the account current on or before March 15, 2021.

Supporting documentation will be required in order to process your application. Applications received after December 18, 2020 will not be considered.

**See Back Side of Form for List of Required Documentation that must accompany this application**

**Y N Please indicate reason for your exemption request below**

<input type="checkbox"/>	<input type="checkbox"/>	1. I have suffered a significant financial hardship as a result of the COVID-19 outbreak.
<input type="checkbox"/>	<input type="checkbox"/>	2. I am unable to work due to a childcare closure.
<input type="checkbox"/>	<input type="checkbox"/>	3. I have been advised by a doctor to shelter at home due to the COVID-19 outbreak.
<input type="checkbox"/>	<input type="checkbox"/>	4. I am a member of a Vulnerable Population as defined on the back of this form.

I understand that, in the event that an exemption is granted, I will be required to enter into a payment plan and granted additional time to bring my account current. This plan will require that I pay the current amount due each month in addition to a portion of my past due balance, on a regular schedule as agreed. If I do not make each payment as scheduled under this plan, I will lose the protections of this exemption and be subject to immediate disconnection.

The information in this application has been reviewed by me and, to the best of my knowledge and belief, is true, accurate, and complete.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**DOCUMENTS THAT MUST BE PROVIDED WITH THIS APPLICATION**

- Reason 1: Please provide a brief explanation below of the financial hardship and provide supporting documentation. (The City will accept a statement from your employer, a notice related to unemployment benefits, proof of COVID related medical or funeral expenses, or other similar information.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Reason 2: Please provide a notice or statement from your daycare provider certifying that childcare was unavailable due to COVID-19.
- Reason 3: Please provide a statement from your doctor advising you to shelter at home.
- Reason 4: Please provide a statement from a medical provider certifying your status as a member of a vulnerable population who is at increased risk as defined by the CDC (See below).

Adults of any age with the following conditions **are at increased risk** of severe illness from the virus that causes COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>)
- Severe Obesity (BMI ≥ 40 kg/m<sup>2</sup>)
- Sickle cell disease
- Type 2 diabetes mellitus

This form may be submitted via postal mail to:  
Utility Billing  
Attn: Exemption Request  
300 Sixth St  
Rapid City SD 57701

This form may be submitted via email to:  
utility.billing@rcgov.org  
Please put the term "Exemption Request" in the subject line

**TO BE COMPLETED BY CITY OF RAPID CITY**

Date Application Received: \_\_\_\_\_

Application **Approved** or **Denied**

Reason for Denial if applicable: \_\_\_\_\_

Reviewed by: \_\_\_\_\_