



**SPRINGFIELD WATER AND SEWER COMMISSION
APPLICATION FOR WATER BILLING ALLOWANCE FOR LEGALLY BLIND HOMEOWNER**

DATE SUBMITTED: _____

Please accept this application to reduce my water bill by \$2.75 per month.

I understand that in order to be eligible for consideration for an abatement I must be the owner and occupy the one family residence applied for. I also understand that the maximum allowance will be based on the minimum rate charged in an effort toward water conservation.

APPLICANT NAME: _____

ACCOUNT NUMBER: _____

PROPERTY ADDRESS FOR REDUCTION: _____

TELEPHONE NUMBER: _____

COPY OF LEGALLY BLIND CERTIFICATE INCLUDED? YES _____ NO _____

ONE FAMILY HOUSE: YES: _____ NO: _____

SIGNATURE: _____

**RETURN TO: SPRINGFIELD WATER AND SEWER COMMISSION
 P.O. BOX 2551
 SPRINGFIELD, MA 01101-2551**

PLEASE INCLUDE A COPY OF YOUR LEGALLY BLIND CERTIFICATE.

FOR SWSC USE ONLY:

DATE RECEIVED: _____

ALLOWANCE APPROVED (\$2.75 PER MONTH)? YES: _____ NO: _____

IF DISAPPROVED, REASON: _____