



**SPRINGFIELD WATER AND SEWER COMMISSION  
APPLICATION FOR WATER BILLING ALLOWANCE FOR ELDERLY 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, occupy the one family residence applied for, and be 68 years of age or older. 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: \_\_\_\_\_

BIRTHDATE OF APPLICANT (68 OR OVER ONLY): \_\_\_\_\_

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 PHOTO ID.**

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**FOR SWSC USE ONLY:**

DATE RECEIVED: \_\_\_\_\_

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

IF DISAPPROVED, REASON: \_\_\_\_\_

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