



COMMONWEALTH OF MASSACHUSETTS

Town of Southwick

454 COLLEGE HIGHWAY SOUTHWICK, MA 01077

Department of Public Works-Water Division

Telephone (413) 569-6772 Fax (413) 569-5001

Elderly Rate Application

Name: _____ DOB: _____

Address: _____

Please check all that apply:

I am head of household and 65 years of age or older.

Not supported by anyone else living in the home other than my spouse or myself.

Property is my full time residence and I am the sole owner of the home as recorded in the Assessor's office.

Notes:

By signing below I acknowledge that the above statements are true. If approved for the Elderly Rate you will not be charged the minimum bill based on 15,000 gallons but charged on your actual usage. If you are on town sewers you will continue to be billed a minimum sewer rate based on 15,000 gallons. The Southwick Water Commissioners reserve the right to revise this policy as needed.

Signature

FOR OFFICE USE ONLY

Account #:

Date of Decision:

Board of Water Commissioners

APPROVED

DENIED

