



COMMONWEALTH OF MASSACHUSETTS

Town of Southwick

454 COLLEGE HIGHWAY SOUTHWICK, MA 01077

Department of Public Works

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.

I am not supported by anyone else living in the home other than my spouse.

This property is my permanent full time place of residence.

I am the 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 a minimum billing for water or sewer based on 15,000 gallons but charged on your actual usage. The Southwick Water & Sewer Commissioners reserve the right to revise this policy as necessary.

Signature

Date

FOR OFFICE USE ONLY

Account #:

APPROVED

DENIED

Date of Decision:

Board of Water Commissioners

Board of Sewer Commissioners
