

## **Acton Water District**

## **Senior Citizen Abatement Application**

	you read this application ca	refully, fill out completely, and sign bottom.	
Customer Information			
Name:	Sei	rvice Address:	
Telephone: (day)			
(evening):		nail Address:	
Terms and Conditions: Pleas	e Read and Sign Below		
<ul> <li>noderate incomes to a reduction own their own residence and have</li> <li>To apply for this discount Exemption offered by the</li> <li>Applicants for this exempted requests for an exemption</li> </ul>	in their water bills. This disc e an individually metered wan t customers must first rece e Town of Acton. In the billion of the income a	eive approval for the Senior Citizen Property Tax and asset requirements specified by the Town, and Town's Assessor's Office. Information about this	
<ul> <li>Once approved, you must recent Real Estate tax bi</li> <li>The District will then calc approved by the Town of</li> </ul>	st submit a copy of your ap Il and this form. sulate the water abatement Acton, using your winter v	ne following link: <a href="www.acton-ma.gov/134/Assessor">www.acton-ma.gov/134/Assessor</a> . Opproved Exemption certificate, a copy of your most in the same percentage as the over 65 exemption water bill. Wed annually upon reapplication.	
have read, understand, and ag	ree to the terms and condi	itions of this rebate program.	
Signature of applicant		 Date	
For District Use Only	Date Abatement Ap	plication Received:	
Percentage of RE Abatement:	Date Approved:	•	
Winter Water Bill Amount: \$	Comments:	(reason):	
Abatement Amount: \$			