The City of REVERE, MASSACHUSETTS
Water and Sewer Billing Department
281 Broadway, Revere, MA 02151
Office: (781) 286-8145
Fax: (781) 286-8146

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Application for 2018

10% If over 70,000 Gallons          20% If Under 70,000 Gallons

Water & Sewer Senior Discount Program

INSTRUCTIONS: Complete all sections fully. Please print or type

Name of Applicant: ________________________________________________________________

Date of Birth: ___________________________

Location of Property: ______________________________________________________________

Telephone: ______________________________ Account #: _____________________________

Do you own and occupy the property: Yes or No (please circle one)

Number of dwelling units: _____________

Applicant or spouse must have reached the age of 65 in the calendar year in which he/she is making the application for the discount.

• Applicant must be owner of the record/occupy the property and Water bill & Tax Bill must be in his or her name.
• The discount applies only to the owner of one, two and three family dwellings.
• Applicant must provide a Massachusetts state driver’s license or picture ID that shows the date of birth.
• The applicant must complete and return the form by June 30th of every year this program is in effect.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

_________________________________________  _____________
Signature of Applicant                          Date

To Be Completed by Water Meter Office Staff

Date if Processing: __________________________  Initials: ______________

Recommend Action/Comments: __________________________________________