



CITY OF CHELSEA, MA
Department of Public Works

City Hall, 500 Broadway, Room 310 · Chelsea, MA 02150
Phone: 617.466.4200 · Fax: 617.466.4210

CENTRAL BILLING
20% SENIOR DISCOUNT WATER & SEWER APPLICATION

Date _____ Account #: _____

Property Address: _____ Chelsea, MA 02150

Phone number: _____

Email Address: _____ @ _____

Please include a copy of your driver's license or photo ID with proof of birthdate

D.O.B (date of birth): _____

Do you own & occupy this property? Yes _____ No _____

I certify that I am 65 years of age or older and I have completed and answered to the best of my knowledge. I have submitted proof of birth with this application. My name appears on the water bill and tax bill. I have prepared and reviewed this application.

Print Name (please print clearly): _____

Signature: _____ Date: _____

To Be Completed by CBR staff only:

Date Processed: _____ Initials: _____

Approved: ☐ Yes ☐ No

Notes: