



# City of Chelsea

## Department of Public Works

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

### APPLICATION FOR 20% SENIOR WATER & SEWER DISCOUNT

Date \_\_\_\_\_ Account #: \_\_\_\_\_

Property Address: \_\_\_\_\_ Chelsea, MA 02150

Phone number 1: \_\_\_\_\_ Phone number 2: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

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D.O.B (date of birth): \_\_\_\_\_ (please include driver's license or photo id with proof of birthdate)

Do you own & occupy this property?

☐ Yes ☐ NO

Are you 65 years or older?

☐ 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. This application has been prepared or examined by me.*

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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#### To Be Completed by CBR staff

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

Notes: \_\_\_\_\_