CITY OF NORTON SHORES
4814 HENRY STREET
NORTON SHORES, MI 49441

APPLICATION FOR LOW INCOME SENIOR CITIZEN WATER RATE DISCOUNT
UNDER THE PROVISIONS OF ORDINANCE #194

Name:_____
Last First Middle

Address:_____

Birth Date:_____ Phone:_____

Social Security Number: XXX–XX–_____

Parcel Number:_____

Utility Account Number:_____

Household Income (as defined by Michigan Income Tax Act of 1967 as amended)

$_____

The facts set forth above in my application for a water rate discount are true and complete. I understand that, if granted the discount, false statements provided herein shall constitute nullification of the discount, and all benefits obtained shall be returned to the City upon said nullification.

Signature:_____ Date:_____

Processed by:_____

Reviewed by:_____
Finance Director

Approved by:_____
Public Works Director