

TOWN OF NARRAGANSETT

WATER DIVISION

APPLICATION FOR EXEMPTION TO PERSONS AGE SIXTY-FIVE (65) AND OVER

APPLICATION FOR EXEMPTION FROM THE STATE WATER QUALITY PROTECTION CHARGE FOR ANY SALE TO A PURCHASER SIXTY-FIVE (65) YEARS OF AGE AND OVER PURCHASING WATER FOR THE PERSONAL CONSUMPTION OF THAT PERSON.

THE FOLLOWING INFORMATION WILL BE NEEDED TO QUALIFY FOR THIS EXEMPTION:

NAME _____

ADDRESS _____

DATE OF BIRTH _____

PLAT _____ LOT _____

LOCATION OF PROPERTY _____

UTILITY ACCOUNT # _____

PROOF OF RESIDENCY (MUST BE ONE OF THE FOLLOWING):

- 1) PROOF OF RESIDENCY FROM VOTER REGISTRATION LIST **or**
- 2) PROOF OF RESIDENCY FROM LAST YEAR'S FILED INCOME TAX RETURN, SHOWING THE APPLICANT'S ADDRESS **or**
- 3) PROOF OF RESIDENCY FROM A VALID RHODE ISLAND DRIVERS LICENSE SHOWING THE APPLICANT'S ADDRESS.

TYPE OF ID USED _____

I hereby swear under penalty of perjury that I actually reside at the address for which exemption is requested and own and live at this address on a permanent basis, and that the dwelling is used exclusively by me(us) and that the property is NOT used in connection with a business, combination of business and residential, or for income producing purposes, such as rentals. It is further understood that where any exemption is granted on the basis of incorrect information furnished by the applicant, the exemption shall be rescinded and the applicant shall be liable for the full amount plus interest retroactive to the date on which the charges were due. The applicant will also be liable for any criminal penalties which may be applicable for the furnishing of false information.

I SWEAR THAT ALL THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE _____