

**TOWNSHIP OF MAHWAH
WATER DEPARTMENT**

APPLICATION FOR 15% DISCOUNT ON MINIMUM WATER BILL

**SENIOR CITIZENS (AGE 65), PERMANENTLY & TOTALLY DISABLED PERSON
(ORDINANCE #1079-1220) EFFECTIVE 1/1/97)**

ACCOUNT # _____

DATE _____

PROPERTY

LOCATION _____

NAME _____

PROOF OF AGE _____
proof of age)

(Copy of Drivers License or any thing with

PROOF OF DISABILITY _____

(Copy of Disability Card)

APPLICANTS SIGNATURE

RECEIVED BY _____

ENTERED BY _____