



**City of East Providence**  
**Department of Public Works**  
Water Utilities Division  
60 Commercial Way  
East Providence, RI 02914

**OVER 65 WATER EXEMPTION**  
**(PLEASE PRINT CLEARLY)**

PHONE: \_\_\_\_\_

APPLICANT/OWNER'S NAME: \_\_\_\_\_

CO-OWNER/SPOUSE'S NAME: \_\_\_\_\_

PROPERTY ADDRESS of OWNER(s): \_\_\_\_\_

DATE OF BIRTH (OWNER): \_\_\_\_\_ DATE OF BIRTH (CO-OWNER) \_\_\_\_\_

**DWELLING INFORMATION:**

\_\_\_ SINGLE FAMILY    \_\_\_ TWO-FAMILY    \_\_\_ THREE-FAMILY    \_\_\_ FOUR-FAMILY  
\_\_\_ CONDOMINIUM    \_\_\_ BUSINESS/RESIDENTIAL COMBINATION    \_\_\_ OTHER

**TAXPAYER'S STATEMENT**

I/WE CERTIFY THAT I/WE ARE **FULL-TIME** RESIDENTS OF THE CITY OF EAST PROVIDENCE AND ARE THE OWNER(S) AND OCCUPANT(S) OF THE PROPERTY LISTED ABOVE.

OWNER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CO-OWNER/SPOUSE'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE THAT ANY INFORMATION THAT IS INCOMPLETE MAY DELAY YOUR EXEMPTION FROM BEING APPLIED.**

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**WATER DIVISION USE ONLY**

Date Received: \_\_\_\_\_ Account No.: \_\_\_\_\_

Map/Block/Parcel: \_\_\_\_\_

Service Code: \_\_\_\_\_ Clerk: \_\_\_\_\_