TOWN OF ROYALSTON

SEWER COMMISSION
Box 125
Royalston, MA 01368

Application for Senior Discount on Sewer Use Fee FY _____

APPLICANT/OWNER: _____

DATE OF BIRTH: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

_____

Did you own property on July 1? ( ) Yes ( ) No
If yes, were you: ( ) Sole owner ( ) Co-own with Spouse ( ) Co-own with Others
Is your annual income under $40,000.00? ( ) Yes ( ) No
(Enclose proof of income)

Signature (Sign below to complete the application)
This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return and all accompanying documents and statements are true, correct and complete.

_____ Date _____
If signed by agent, attach copy of written authorization to sign on behalf of the applicant.

Applications are accepted between January 1st and May 31st for the next fiscal year. Amount of discount is 15% (fifteen percent) if applicant is 65 years or older, owns and occupies property, and meets income guideline. During the process of applying for a discount, all sewer bills must be paid in full in order to avoid any interest from being applied. **Return this application to the above address.**

Disposition of Application (Commissioners' Use Only)

Age ( ) Granted ( )
Ownership ( ) Denied ( )
Income ( ) Appeal Granted ( ) Denied ( )

Date Voted _____
Date Notice Mailed_____
Date Appeal Voted _____
Date Appeal Notice Mailed_____

Form revised and approved October 3, 2023