

Account Number: _____

APPLICATION FOR PENALTY WAIVER
Springdale Water Utilities

Pursuant to City Ordinance No. 3439, the ten (10) percent additional charge (penalty) may be waived to certain users where the primary income for the household is derived from monthly funds received as a benefit or aid from a state or federal agency. Examples of primary income include Social Security Benefits (SS), Social Security Income (SSI), Veterans Administration Disability Benefits (VA), Aid to Families with Dependent Children (AFDC), and aid to the Aged, Blind and Disabled (AABD).

This form must be submitted to the business office of Springdale Water Utilities with current proof of disability benefits.

The undersigned hereby certifies that they are receiving monthly benefits from:

_____ State or Federal Agency

which qualifies for a waiver of the penalty charge provided in City Ordinance No. 3439. Furthermore, the undersigned understands that this penalty waiver does not relieve me from paying the gross amount by the due date of each month.

Signature of Applicant Date

SERVICE ADDRESS: _____

FOR DEPARTMENT USE

Application Approved by _____ Date _____

Application Processed by _____ Date _____