

Emergency Water and Sewer Bill Relief Form

Instructions: Please fill out this form completely. Since this form is for printing and manual submission, please print clearly in ink after printing, or type your information into the fields below before printing.

1. Applicant Information

Full Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Water and Sewer Account Information

Utility Provider Name:

Utility Account Number:

Service Address (if different from above):

Current Outstanding Balance (\$):

3. Eligibility and Income Details

Total Number of Household Members:

Total Gross Monthly Household Income (\$):

Reason for Emergency Relief Request (e.g., job loss, medical emergency):

4. Certification and Signature

I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that providing false information may result in the denial of assistance.

Applicant Signature (Sign here after printing):

Date (MM/DD/YYYY):