



TOWN OF MAYNARD
Department of Public Works

MUNICIPAL BUILDING
195 Main Street
Maynard, MA 01754
Tel: 978-897-1317 Fax: 978-897-7290
www.townofmaynard-ma.gov

Christopher Okafor
Director of Operations

Administration

Highway Department
WWTP

Water Department

APPLICATION FOR WATER AND SEWER RATE RELIEF PROGRAM

**PLEASE COMPLETE ALL SECTIONS FULLY
(KINDLY PRINT)**

Date: _____

New Application: Yes No

Name of Applicant/Property Owner: _____

Date of Birth: _____
(ID required, license or birth certificate)

Applicant's place of residence: _____

Telephone No.: _____

Signature of Applicant: _____

Your application must include the following:

- **Proof of Ownership:** A copy of the real estate tax bill with the owner(s) name must be provided. If the property is in a trust a copy of the trust must be submitted. The owner(s) applying for this discount must be listed on the trust to be considered eligible.
- **Proof of Property Tax Exemption 41C and/or 17D or**
- **Proof of Age (65 years old or older):** A copy of driver's license or birth certificate is required for Senior Discount

If you need assistance with this application please call the Department of Public Works office at 978-897-1317.

