



**City of Chelsea**  
**Office of the Treasurer/Collector**  
**City Hall, 500 Broadway**  
**Chelsea, Massachusetts 02150**

**Robert B. Boulrice**  
**City Treasurer/Collector**  
**Phone: (617) 466-4240**  
**Fax: (617) 466-4249**

**APPLICATION FOR 10% SENIOR WATER & SEWER DISCOUNT**

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (attach copy of license or other proof.)

Address: \_\_\_\_\_

Do You Own & Occupy the Property:    YES                      NO

Telephone Number: \_\_\_\_\_

Number of Units in the Property: \_\_\_\_\_

Applicant must be age 65 and own and reside in the property. The applicant's name must appear on the water bill and tax bill.

This application has been prepared or examined by me. The above statements and accompanying document(s) are true and accurate:

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Signature of applicant \_\_\_\_\_ date \_\_\_\_\_

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To Be Completed by CBR staff

Date Processed: \_\_\_\_\_                      Initials: \_\_\_\_\_

Notes: