

REDUCED SEWER RATE APPLICATION FORM

Every eligible claimant for a reduced sewer rate, as per the attached eligibility criteria, should read, complete, sign and return this form. It must be completed and filed annually with the Franklin Township Sewerage Authority one month prior to the 1st Quarter billing of each New Year.

Property Owner: _____

Property Address: _____

Described as: BLOCK _____ LOT _____ QUALIFIER _____

Sewer Account Number: _____

Owner Telephone Number: Area Code (____) _____

I _____ hereby declare that I own and reside at the above mentioned address.

BIRTHDATE: _____

DATE _____ Signature of Claimant _____

NOTE: Failure to file this statement with the Sewerage Authority or failure to submit any additional proof of income, which may be required by the collector, or a determination that claimant's income during the billing year exceeded the applicable limit, will result in disallowance of the deduction granted from the sewer with respect to the applicable billing year or may jeopardize the continuation of the sewer deduction for the current billing year. Claimants who fail to comply herewith or whose income exceeds the applicable limit during the applicable billing year, will be required to repay the amount the deduction granted, on or before the 1st billing quarter of the current year and if unpaid, the said amount shall constitute a lien on the property, and in addition, become a personal debt of the delinquent claimant or, where an extension of time for filing has been granted, no later than 30 calendar days after the expiration of said extension, after which time if unpaid, said sewer billing shall be delinquent, constitute a lien on the property, and in addition, the sewer shall be a personal debt of said person.