



CITY OF ST. PAUL PARK
ST. PAUL PARK MINNESOTA 55071

APPLICATION FOR REDUCED WATER RATES FOR THE YEAR: _____
(year)

Date of Application: _____

Name: _____ Address: _____

Phone: _____

NOTE: PER CITY ORDINANCE #739, in order to qualify for this reduced water rate of 50%, the owner and head of household must be 65 years of age or older and usage **must not exceed 8,000 gallons per quarter**. This discounted rate does not apply to rental property or multiple family dwellings.

I hereby make application to the City of St. Paul Park for reduced water rates. I hereby certify that I qualify for reduced rates for the following reason:

65 years of age or older

Owner and head of household

I further agree to notify the City of St. Paul Park immediately upon moving from the above address. **Please note: applications for reduced water rates are required on a YEARLY basis during the month of OCTOBER each year.**

Signature: _____

~~~~~ office use only ~~~~~

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Account #: \_\_\_\_\_

- Classification:  RES HSTD = Residential Homestead  
 REL HSTD = Relative Homestead  
 DIS = Disabled Residential Homestead  
 None of the above – NOT APPROVED FOR DISCOUNT

Date received: \_\_\_\_\_