



**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: \_\_\_\_\_

Email: \_\_\_\_\_

**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: \_\_\_\_\_