

# CHARTER TOWNSHIP OF BROWNSTOWN

## Department of Public Works

### SENIOR CITIZEN AFFIDAVIT

I am requesting senior citizen status for my water billing. I hereby attest by the signature below that I have attained the age of 62 years and that I own and reside at the registered single family property address below serviced by the Charter Township of Brownstown, Department of Public Works.

I understand this coding will begin at the first applicable billing date after this affidavit is signed. I also understand that the DPW must be notified immediately if I sell, move, rent or otherwise dispose of this residence.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ID SHOWN:      Driver's License    [   ]  
                     State ID                    [   ]  
                     Other Photo ID    [   ]

\_\_\_\_\_  
Homeowners Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date