

**City of Coburg**  
**Limited Income Assistance for Water or Wastewater Construction Charge**  
**Application**

Date Received \_\_\_\_\_ *Official Use: Account Number* \_\_\_\_\_

**PLEASE PRINT CLEARLY AND COMPLETE ALL SPACES**

**1. Assistance for: (CHECK ALL THAT APPLY)**

Water Utility Bill

Wastewater Construction Charge Bill

**2. Site Information (THE PHYSICAL LOCATION OF THE UTILITY SERVICE)**

Street Address \_\_\_\_\_ COBURG, OR

Assessors Map & Tax Lot # \_\_\_\_\_

**3. Applicant Information (OWNER, TENANT, OR AGENT CONTACT FOR MAILING OF UTILITY BILLS)**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**Property Owner Information (IF DIFFERENT THAN APPLICANT)**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

In signing this application, I have read and acknowledge all of the terms presented in the associated document entitled *Limited Income Assistance for Water and Wastewater Construction Charge*. I agree to abide by the regulations of the City Water and/or Wastewater Ordinances, Resolutions, and procedures. This application is a written request for assistance and does not bind the City to provide assistance.

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

**Applicant Signature**

**Print Name**

Bring a copy of written evidence/identification reasonably providing that the applicant is a residential utility customer and that the total adjusted gross federal individual income taxes of all persons residing permanently at the address. A current 1040 tax form is the suggested supporting documentation.

*For Official Use*

**CERTIFICATION:**

**APPROVED** Water \_\_\_\_\_/mth, Wastewater \_\_\_\_\_/mth.

Proof of total adjusted gross federal household income by City Administrator signature as witness:

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

**DENIED** Reason: \_\_\_\_\_