



OFFICE USE ONLY	
Date Received:	_____
Approved by:	_____
Verified by:	_____

APPLICATION FOR UTILITY RATE REDUCTION

For the purpose of receiving a reduction in my sewer and garbage monthly charges I affirm, under penalty of perjury, that:

1.
 - a. I was at least 61 years of age on December 31 of the year in which this application for reduction is made, or
 - b. I was retired from regular gainful employment by reason of physical disability at the time of this applications, or
 - c. I am at least 57 years of age and the surviving spouse of a person who was receiving an exemption from property taxes und RCW 84.36.381.

AND
2. I own and occupy as my principal residence a home in the City of Mount Vernon, Washington.

AND
3.
 - a. My combined disposable income is under the threshold as determined by the Skagit County Assessor’s Office, and
 - b. I am entitled to an exemption from all excess property taxation pursuant to RCW 84.36.381

Utility Account Number: _____ Customer Number: C-_____

Name: _____

Service Address: _____

Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

City of Mount Vernon Utilities
 910 Cleveland Avenue
 Mount Vernon, WA 98273
 Questions? Please call the Utilities Department at 360-336-6218
 Or email mvutilities@mountvernonwa.gov