



SHIPPENSBURG BOROUGH AUTHORITY
WATER FORGIVENESS REQUEST FORM

DATE FORM ISSUED: _____

OWNER: _____ SOCIAL SECURITY #: _____

CO-OWNER: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

PHONE #: _____

REASON FOR ABNORMAL USAGE: _____

NOTE: THIS FORM MUST BE RETURNED WITHIN 30 DAYS FROM THE DATE IT WAS ISSUED

SIGNATURE(S) OF OWNER AND CO-OWNER

****OFFICIAL USE ONLY****

ACCOUNT NUMBER: _____ TOTAL MOUNT OF BILL: \$ _____ (A)

AVERAGE WATER BILL LAST 4 QTRS.: \$ _____ AVERAGE BILL X 3: \$ _____ (B)

TOTAL ELIGIBLE FOR FORGIVENESS (A-B): \$ _____

IS TOTAL BILL THREE (3) TIMES THAT OF THE AVERAGE BILL? YES _____ NO _____

DATE APPROVED: _____ AMOUNT OF FORGIVENESS: \$ _____

SIGNATURE: _____

BOROUGH AUTHORITY SECRETARY