



# Lake Whatcom Water & Sewer District

1220 Lakeway Dr  
Bellingham, WA 98229

www.lwwsd.org  
Office Hours:  
Mon-Thu 8 a.m. - 5 p.m.

360-734-9224  
Fax: 360-738-8250

## Application for Low Income Senior or Disabled Rates

### Account Information

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_  
Street City State Zip

Owner's Contact Phone Number: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

As authorized by RCW 57.08.014 and Resolution 807, Lake Whatcom Water and Sewer District offers reduced rates to qualified low-income seniors and disabled customers for water and sewer utilities provided by the District.

I HEREBY CLAIM AND ATTEST TO THE FOLLOWING:

1. I have an individual account serving one (1) equivalent residential unit.  
*An account serving multiple ERUs such as a duplex, multi-family dwelling, or condominium is not eligible.*
2. I am the property owner and reside in the residence where the discounted rate will be applied.
3. I have attached verification of Property Tax Exemption from the Whatcom County Assessor's office for the above referenced property.
4. I acknowledge that information provided by me in support of my application is a public record and subject to public disclosure. I agree to waive any claim of confidentiality in any information provided and I agree to release Lake Whatcom Water and Sewer District, and its employees, agents, officers, and Commissioners from any liability or claims which might arise from the disclosure of such information to any other party or entity.
5. The discounted rate will commence on the next billing date after the application is approved.

**By signing below, I certify, under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.**

Owner Signature: \_\_\_\_\_

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

### INTERNAL USE ONLY

Date Received: \_\_\_\_\_ Date Billing Changed: \_\_\_\_\_ Processed By: \_\_\_\_\_