

EXEMPTION CERTIFICATE
PUBLIC DRINKING WATER PROTECTION ACT 1987
65 YEARS OF AGE OR OLDER

NAME: _____

ADDRESS: _____

SERVICE #: _____

I, hereby, certify that I am the purchaser of water to the above referenced address and service location. The water will be utilized solely for residential supply within that service location. I am 65 years of age or older and am eligible for exemption under the "Public Drinking Water Protection Act of 1987." I have reviewed the rules and regulations for this exemption at the offices of the Kent County Water Authority and understand all requirements.

I, hereby, apply for the exemption and will abide by all regulations established by Kent County Water Authority.

Signature

Date

Office Use Only

Birth Certificate/License/ID: Yes No

Birth Date: _____

Processed by: _____

Date: _____