

CITY OF NEWPORT
WATER QUALITY PROTECTION FEE
EXEMPTION APPLICATION

Name: _____

Address: _____

Date of Birth: _____ Age: _____

Account No.: _____

No. of Units: _____ No. of Meters: _____

I certify that the above information is correct and that I am entitled to the exemption as stipulated in the Rhode Island General Laws.

(Signature)

<i>FOR OFFICE USE ONLY</i>	
<u>RECIPIENT</u>	<u>WATER BILLING</u>
Document Presented: _____	Date Received: _____
Date Received: _____	Date Entered: _____
Clerk's Initials: _____	Account No. _____
	Initials: _____

Original: Water Billing
Copy: Accounting