



City of Oakdale
1584 Hadley Av N
Oakdale MN 55128
651-730-2710 / 651-730-2716
651-734 -2619 fax

DISABLED PERSON WATER & SEWER CREDIT APPLICATION FORM

NAME OF PROPERTY OWNER _____
SERVICE ADDRESS _____
TELEPHONE NUMBER _____
UTILITY ACCOUNT NUMBER _____

I certify that I, the property owner, have a total disability resulting from injury or sickness, which completely prevents me from performing any work or engaging in any occupation for a wage or profit. I certify that I have a *current gross family taxable income* of \$ _____ per year.

(Qualifying amount is \$48,500 or less per year.)

I have enclosed proof of income by either a copy of my last Federal Tax Return or information from Social Security because I do not file Income Tax.

Qualifications for the water and sewer credit for totally disabled persons, entitles the applicant to be exempt from paying any water and sewer service charges. These charges amount to approximately \$108.00 per year for qualified owners.

The City of Oakdale reserves the rights to further inquire into the qualifications of any recipient of the Disability Credit in accordance with any Federal or State law.

SIGNATURE _____ DATE _____