

**CITY OF BLOOMFIELD**  
**APPLICATION FOR DISABLED & SENIOR CITIZENS**  
**EXEMPTION FOR WATER, SEWER & GARBAGE**

DATE

ACCOUNT NO.

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(ONLY ONE ACCOUNT)

I do hereby apply for the exemption allowed to DISABLED and SENIOR CITIZENS for rates provided in Ordinance Number 129.

- (A) I own or rent a separately metered (water) single-family residence or mobile home space and occupy the same;
- (B) I have presented proof which is satisfactory to the City of age (62), or over, or present satisfactory proof that such person, regardless of age, is totally disabled person who is either receiving total disability payments from the Social Security Administration, or who is totally disabled in accordance with equivalent standards of disability as those established by the Social Security Administration.

I do hereby swear or affirm that the foregoing statements are true and correct.

\_\_\_\_\_  
Signature

ACKNOWLEDGMENT

STATE OF NEW MEXICO

COUNTY OF SAN JUAN

The foregoing statement was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
My commission expires:

\_\_\_\_\_  
Notary Public