



Warwick Sewer Authority
125 Arthur W. Devine Boulevard
Warwick, RI 02886
Voice: (401) 739-4949 • Fax: (401) 739-1414

ASSESSMENT DEFERMENT APPLICATION
CIRCUIT BREAKER PROGRAM

PLEASE PRINT CLEARLY

Property Owner(s): _____

Property Address: _____

Plat and Lot Number: _____

Account Number: _____

I/We, the owner(s) of the above referenced property, hereby request that the Warwick Sewer Authority defer the annual payment of my/our sewer assessment in accordance with the City of Warwick Circuit Breaker Program.

It is understood that if the property is sold or transferred, all deferred annual payments will become immediately due and payable.

By signing this application, I/we certify that I/we understand and agree with the terms of this deferment and request that the Warwick Sewer Authority defer the annual payment of my/our sewer assessment. I/we understand that a sewer assessment bill will be mailed each year but show no payment due.

Signature Date

Signature Date