



COMPTON SEWER ASSESSMENT EXEMPTION FORM

Proof of Ownership	Birth Date Verification	Disability Verification
<input type="checkbox"/> Recent Property Tax Bill (2024-25)	<input type="checkbox"/> Valid Driver’s License	<input type="checkbox"/> Proof of Permanent Disability from State or authorized agency
<input type="checkbox"/> Trust Agreement	<input type="checkbox"/> Valid CA Identification	
	<input type="checkbox"/> Birth Certificate	
	<input type="checkbox"/> Passport	

(Please Print)

Property Owner Name:

Last	First	Middle Initial
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Property Address:

Number	Street Name	Zip Code
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Telephone #

Home	Mobile	Work
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Assessor’s Parcel Number (APN#):

(You can find this number on your Property Tax Bill)

Under penalty of perjury, I declare that (1) I own and maintain as my primary residence, the property listed at the address above and identified on the property tax bill submitted with this form; and (2) all documentation submitted with this Sewer Assessment Exemption form, the Sewer Charge Parcel Assessment is, to the best of my knowledge, correct and complete.

Signature of Applicant or Designee	Date
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Note: Please return required documents with form to address listed on the application letter. Returned forms will be entered into a database for tracking purposes.