



## Application to Receive Reduced Water Rates

for Senior or Disabled Citizens

Today's Date    /    /	<i>Office use only</i>	
	Account No.	
Service address	Date entered	By:

**To qualify for the discounted water rate the following requirements must be met:**

1. You must be 65 years of age or older, or totally disabled.
2. You must reside at the address for which the discount is requested.

**The following documentation is required at the time application is submitted to billing department:**

\*Proof of address-settlement statement, lease agreement etc.

\*Copy of driver's license as proof of age or disability.

Your Name	_____	_____	_____
	<small>Last</small>	<small>First</small>	<small>M.I.</small>
SSN	_____-_____-_____	D.O.B.	____/____/_____

Spouse Name	_____	_____	_____
	<small>Last</small>	<small>First</small>	<small>M.I.</small>
SSN	_____-_____-_____	D.O.B.	____/____/_____

Home Phone #	_____	Cell Phone #	_____
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*If you qualify due to disability, do you require front door sanitation service?* \_\_\_\_\_

X \_\_\_\_\_

Date \_\_\_\_\_