



## SENIOR DISCOUNT APPLICATION

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This application is for reduced utility rates for citizens 60 years of age or older **and** have an annual household income of \$25,000 or less.

I hereby attest that the information on this form is true and correct to the best of my knowledge. I have provided sufficient documentation showing the total annual household income does not exceed \$25,000.00. Please contact the Utility Clerk for questions or information about documentation requirements at 887-8251.

\_\_\_\_\_  
Signature Date

Attachments:

Proof of Age: \_\_\_\_\_

Evidence of Income: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Billing Cycle: \_\_\_\_\_