



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 \$20,000 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 \$20,000.00. Please contact the Utility Clerk for questions or information about documentation requirements at 887-3908.

Signature

Date

Attachments:

Proof of Age: _____

Evidence of Income: _____

Verified by: _____

Date: _____

Effective Billing Cycle: _____