



RESIDENTIAL WATER SENIOR DISCOUNT APPLICATION

Please provide a copy of your driver's license or other form of identification verifying your date of birth when you return this form.

RESIDENT NAME: _____ DATE: _____

CITY PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

AGE: _____

DATE OF BIRTH: _____

By submission of this Application, I hereby certify that the information provided above is true and correct and I am hereby requesting the reduced senior rate for residential water service pursuant to Ordinance 07-12.

Resident Signature

Date

Printed Name

Date Rcv'd in Finance Dept. _____ Date Effective _____ Staff _____