



MUNICIPALITY OF  
**GREENSTONE**

**APPLICATION FOR SENIOR WATER RATE**

Account Number:

\_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

I, the above named applicant, hereby declare that I am sixty-five (65) years old on

\_\_\_\_\_

month/day/year

qualifying me for the senior citizen's water and sewer rates, effective in the following quarterly billing. I understand that to receive this discount, I must be paying water and sewer rates in the place in which I reside.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

Approved: \_\_\_\_\_