



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: _____