

SENIOR CITIZEN AND DISABLED/LOW INCOME PERSONS

ADJUSTMENT OF WATER SERVICE CHARGES

Claimant’s Name:



Mailing Address:

City:       State:       Zip:

DESCRIPTION OF PROPERTY -

 [ ]  Single Family Dwelling [ ]  Mobile Home

 *Customer must own the property. Property must be the*

 *primary residence of the Customer.*

Service Location:

Parcel Number:

Please check one of the three boxes:

 [ ]  I will be 61 years of age or older on or before December 31 of the year in which this

adjustment is filed.

 [ ]  I am physically disabled and as such, retired from regular gainful employment by

Reason of such disability.

 [ ]  I am a surviving spouse of a person who was approved for this exemption and I am

at least 57 years old.

*Any adjustment granted through erroneous information shall be subject to penalty.*

*I swear under the penalties of perjury that all of the foregoing statements are true.*

Signature of Claimant:

Phone Number:

This claim is subject to audit by the Department of Revenue

\*\*\*Accounts must be current and remain in good standing to receive this Senior Discount\*\*\*