

## SEWER SERVICE SENIOR DISCOUNT APPLICATION

APPLICATION	
CUSTOMER INFORMATION	
NAME	
SERVICE ADDRESS	
UTILITY ACCOUNT NUMBER	
TELEPHONE NUMBER	
DRIVER'S LICENSE / ID NUMBER	
(You must include a copy of your driver's license or another form of ID that confirms your age eligibility.	)
ELIGIBILITY CRITERIA	
<ul> <li>To be eligible to receive the senior citizen discount rate for sewer service (10% discount), applicant must meet the following eligibility requirements:</li> <li>Applicant is 62 years of age or older;</li> <li>Applicant lives in a single-family residence;</li> <li>The utility account must be in the name of the senior citizen applicant;</li> <li>Occupants of the residence must be the senior citizen applicant and dependents of the second (not to exceed three occupants per residence);</li> <li>The benefitting senior citizen must notify the City when they no longer qualify.</li> </ul>	
SIGNATURE	
By signing this application, I certify that I am eligible for the senior citizen discount rate for sewer se because I meet all the following criteria:	rvice
<ol> <li>I am 62 years of age or older.</li> <li>I live in a single-family residence.</li> <li>The utility service account is in my name.</li> <li>There are no more than three (3) occupants living at my residence and all occupants are dependents.</li> <li>The information provided in this application is true and correct.</li> </ol>	e my
Signature Date	
PROGRAM INFORMATION	
If application is approved, the discount rate will be reflected on the next billing statement. No retroa discounts will be applied.	ctive
Benefitting senior citizens or their agents must notify the City when they no longer qualify for the secitizen discount rate for sewer service.	enior
This application may be mailed back with your payment or mailed separately to PO Box 2069 Fresno CA 93718-2069 or hand delivered to the Utilities Billing & Collection Division at 2600 Fresno Street, Room 1098, Fresno C	Α
REVIEW AND APPROVAL	

DATE REVIEWED:

APPROVED BY: \_\_\_\_\_