



Copy of ID

## Senior Citizen Utility Reduction Application

**APPLICATION** Please use ink to complete every space legally.

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SERVICE LOCATION \_\_\_\_\_  
Street Address

MAILING ADDRESS \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY**

- This is my primary residences and permanent place of abode.
- My residence is a single-family dwelling.
- I attest that I am above the age of 70.
- I live alone or solely with my spouse.
- I received or was eligible for last year's permanent fund dividend.
- I am eligible to apply or have applied for this year's PFD and every year's PFD for which I request this exemption.
- I understand that the presence of one or more visitors for a period longer than fourteen days in a month will affect eligibility for this discount

**I attest the information above is truthful and accurate.**

Signature \_\_\_\_\_

Date \_\_\_\_\_