



Copy of ID

Senior Citizen Utility Reduction Application

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 vistiors 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 _____

601 First Street P.O. Box 1210 Cordova, Alaska 99574 Phone (907) 424-6212 Fax (907) 424-6000