



Copy of ID

Senior Citizen Utility Reduction Application

NAME _____ BIRTHDATE _____

NAME OF SPOUSE _____ BIRTHDAY _____

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 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.
- The address on my prior year Alaska Permanent Fund Dividend application for each occupant identifies the facility as the occupant's primary place of residence

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

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