



**Application for Discounted Water & Sewer Rates
For Seniors and Disabled Citizens**

Account Number: _____

Service Address: _____

Owner _____ **Renter** _____
Senior _____ **Disable** _____

Customer Name: _____

Date of Birth: _____

Proof of Age Used: **Driver License** **Minnesota ID** **Other**

Spouse's Name: _____

Date of Birth: _____

Proof of Age Used: **Driver License** **Minnesota ID** **Other**

Customer Signature: _____

Spouse's Signature: _____

Verified By: _____