



RESIDENTIAL SPECIAL PROGRAMS APPLICATION

Name _____
Address _____
City _____ State _____ Zip _____
Daytime telephone () _____
Account number _____

Elderly, Blind or Disabled

I am 62 years of age or older, blind or disabled and any of the other remaining residents of my household are age 62 or older, blind or disabled, or 18 years of age or under.
(please describe) _____

Documentation is required.

Medical Emergency

I or a member of my household suffers from a serious illness or chronic medical condition.
(please describe) _____

Life support equipment that requires uninterrupted water service is used in my household.
(please describe) _____

Certification from your doctor or Department of Health is required for any medical emergency.

Heat Related Service

My heating system requires water.

Government Assistance

Public assistance
 Social Security income
 Other (please describe) _____

Third Party Notification

I would like third party notification.

Please send the person below copies of notices when my water service may be shut off. I understand that this person is not responsible for paying my bills.

Name of Third Party: _____

Address _____

City _____ State _____ Zip _____

Daytime telephone () _____

Signature of Third Party: _____

Date _____

This information will be kept confidential as part of your account file.

Signature of Customer: _____

Date _____

Note: Form in published brochure laid out differently.