



Application for Senior Citizen Pilot Program

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\*Driver's License Number or ID: \_\_\_\_\_

**Please attach a copy of your Driver's License or State Identification to this application. Applications with no driver's license or state identification will not be processed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date