



SENIOR CITIZEN UTILITY DISCOUNT APPLICATION

City of North Sioux City
504 River Drive
North Sioux City, SD 57049
Phone (605) 232-4276 Fax (605) 232-0506

TODAY'S DATE _____ DATE OF BIRTH _____

APPLICANT'S NAME _____

ACCT NUMBER _____ - _____ - _____

SERVICE ADDRESS _____ APT/LOT _____

HOME () - WORK () - CELLULAR () -

SPOUSE/CO-APPLICANT NAME _____

I understand the Senior Citizens Utility Discount is 10% of the utility services each month.

To qualify for this discount, I state under oath and under penalty of perjury that the following is true and accurate:

- I am sixty-five (65) years of age or older.
- I have provided a copy of my driver's license to verify my birthdate.
- The water/sewer/garbage service account at my residence is in my name.

~ ~ ~ ~ ~

If you qualify for the Senior Citizens Water Discount, and accept the terms outlined above, please sign below.

CUSTOMER SIGNATURE: _____

FOR OFFICE USE ONLY

RECEIVED BY _____ DATE _____ ENTERED BY _____ DATE _____

NOTES: _____

PHOTO ID RECEIVED