

Senior Citizen Discount Application

City of North Sioux City



*Copy of Photo ID Required

This is also a garbage acct

Today Date ___ / ___ / ___ Account Number _____

Applicant Name _____ Date of Birth ___ / ___ / ___

Residential Address _____

Phone (___) ___ - ___ Alt Phone (___) ___ - ___

- 10 % Water / Sewer Senior Discount rate
- 10% Garbage Senior Discount rate *to receive this discount you must only have 1 – 35-gallon cart (excludes recycling)

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.

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

**CUSTOMER SIGNATURE:** \_\_\_\_\_

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FOR OFFICE USE ONLY

RECEIVED _____ DATE _____
BY _____

PHOTO ID
RECEIVED