



Senior Citizen/Social Security Disability
Application for Sewer Discount

NAME: _____

SERVICE
ADDRESS: _____

MAILING
ADDRESS: _____

TX DRIVERS LICENSE NUMBER: _____

DATE OF BIRTH: _____

COPY OF DL ATTACHED: ___ YES ___ NO

COPY OF APPROVED PHOTO ID: ___ YES ___ NO *(if Texas
DL not available, must have date of birth)

SOCIAL SECURITY NUMBER: _____

ACCOUNT NUMBER: _____

APPROVED: _____ DATE: _____

Signature of authorized employee

