



SENIOR CITIZEN/SOCIAL SECURITY DISABILITY APPLICATION FOR SEWER DISCOUNT

NAME: _____

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