

CITY OF CRYSTAL LAKE
100 W. MUNICIPAL COMPLEX
CRYSTAL LAKE, IL 60014
TELEPHONE: 815-459-2020

OFFICE USE ONLY

EFFECTIVE DATE ____ / ____ / ____

**APPLICATION FOR SENIOR CITIZEN'S
RESIDENTIAL WATER & SEWER BILLING DISCOUNT**

I request a Senior Citizen's (age 65 and older) discount to reduce water and sewer bills by 15% on the first 5,000 gallons of water used per month. In order to qualify for the discount, the senior must reside at the Crystal Lake address requesting the discount. Applications must be received by the 20th of the month to be applied to the next billing cycle. In order to qualify for the discount, the senior citizen must reside at the Crystal Lake address requesting the discount. Please provide a driver's license or Illinois identification card. The account must be in the senior's name. I ATTEST TO THIS AS MY PRIMARY RESIDENCE AND THAT I RESIDE AT THIS ADDRESS.

WATER ACCOUNT NUMBER _____ - _____

PRINT APPLICANT NAME _____

DATE OF BIRTH ____ / ____ / ____

PRINT STREET ADDRESS _____

Applicant Signature _____ Date: _____

OFFICE USE ONLY:

**APPLICANT PROVIDED THE FOLLOWING PROOF OF AGE & RESIDENCY
(address must match street address listed above):**

DRIVER'S LICENSE or ILLINOIS ID CARD

OTHER _____

CITY EMPLOYEE INITIALS _____ DATE _____