

CITY OF NORTH RIDGEVILLE  
DEPARTMENT OF UTILITIES

APPLICATION FOR SENIOR CITIZEN WATER DISCOUNT

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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FOR UTILITIES DEPARTMENT USE ONLY

ACCOUNT # \_\_\_\_\_ APPROVED \_\_\_\_\_

CODE CHANGED \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_