

SENIOR CITIZEN DISCOUNT APPLICATION



CITY

A

DATE: _____

NAME: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

EMAIL: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

DISCOUNT AMOUNT: \$ 2.00

CERTIFICATION USED TO VERIFY DATE OF BIRTH:

[CHECK ONE THAT APPLIES]

- DRIVERS LICENSE
- BIRTH CERTIFICATE
- PASS PORT
- MILITARY ID
- OTHER

CUSTOMER SIGNATURE

SUBMITTED BY:

DATE

APPROVED BY:

DATE

ADJUSTED BY:

DATE

Please submit this form along with proof of age to:
City Hall
305 Cecil G. Costin Sr. Boulevard
Port St. Joe, Florida