

Senior Rate Discount Program: Water and Sewer Base Rate Discount Application

Contact Informat	ion (Individual Qualifying for Program)
Name (person ap	plying for program)
Name (person or entity identified on water bill if different from above)	
Address (Physical)
Address (Billing)	
Phone	
Email	
Billing Contact Ir	nformation on applicants' utility bill (check all that apply)
□ Prop	perty Owner
_	NPOA ecked, total number of units associated with the water meter
□ Othe	er, please explain:

To register for the program, you must be a <u>natural person</u>, <u>customer of the utility</u>, and <u>resident</u> who meets at least one of the following qualifications. (Please check all that apply)

□ Yes □ No		disabled? If yes, provide a statement professional letterhead.	
□ Yes □ No	Are you enrolled in a federal or state financial assistance Program? If yes, provide proof of enrollment.		
□ Yes □ No	Have you maintained your primary residence within the Town of Crested Butte for at least the last 10 years and are 62 years of age or older. If yes, provide proof of residency.		
hereby certify, under pe Municipal Code that the f		pliance with the Town of Crested Butte orrect.	
Applicants Name (Print)			_
Applicant Signature		Date:	_
		ance@crestedbutte-co.gov, the drop crested Butte, CO 81224.	
Official Use Only			
Calculation of Discount			
Calculated discount applied t	o base rate for water and so	sewer sewer:	-
Staff Recommendation:	□ Approval	□ Denial	
Town Manager Approval	(or designee) _		
Date			