



SENIOR WATER/SEWER DISCOUNT APPLICATION

Account Number _____

Account Holder _____

Address _____

Birth Date _____ Soc Security # _____

Phone Number _____

I attest the above information to be true and that I am eligible for the Senior Citizen Discount offered by the City of Grain Valley, MO Water Department.

Signature _____ Date _____

For Office Use Only

Driver's License on file Yes _____ No _____

Received By _____