



Senior Citizen/Social Security Disability  
Application for Sewer Discount

NAME: \_\_\_\_\_

SERVICE  
ADDRESS: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_

TX DRIVERS LICENSE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

COPY OF DL ATTACHED: \_\_\_ YES \_\_\_ NO

COPY OF APPROVED PHOTO ID: \_\_\_ YES \_\_\_ NO \*(if Texas  
DL not available, must have date of birth)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of authorized employee

