CITY OF ALAMOSA UTILITIES DEPARTMENT

Application for Senior Citizens 10% Discount

Name of Applicant:__________________________________________
Service Address:__________________________________________  Phone Number: ______________________

I, ________________________________, certify that I am 65 years of age or older, and that I am the head of the household at this address.

Signature: ________________________________  Date: ______________________

For Office Use Only:  □ Approved  □ Disapproved (Explain Below)
Account #: ___________________________
Effective Date: __________________________
Signed By: ___________________________

Please return this form to the Finance Department, 300 Hunt Ave.
* A driver’s license or photo id must be provided for proof.