



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: \_\_\_\_\_

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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.