



PUBLIC WORKS

LOW INCOME SENIOR / DISABLED PERSONS UTILITY FEE CREDIT APPLICATION

Date of Application	Applicant's Name (must match name on account)
City of Fircrest Account #	Property Location:
- .	

By signing this form I certify that:

- I am applying for the City of Fircrest Low Income Senior / Disabled Persons Utility Fee Credit.
- If approved the credit will begin on the first day of the following bi-monthly billing cycle after the application is approved by the City of Fircrest.
- I currently reside at the above property location.
- I am currently receiving the Tacoma Power's low income senior or low income disabled persons discount.
- I have provided a copy of my most recent Tacoma Power bill showing that I am currently receiving the low income senior or low income disabled persons discount.
- I understand the credit is as follows:
 - Water Base Fee: 25% credit
 - Sewer Charge: 25% credit

Signature: _____ Date: _____

Utility Department Only

APPROVED

Copy of Tacoma Power Bill Received

DENIED

--- Reason for denial _____