LOW INCOME SENIOR / DISABLED PERSONS

UTILITY FEE CREDIT APPLICATION

|  |  |
| --- | --- |
| Date  | Applicant’s Name (must match name on account) |
|  |  |

|  |  |
| --- | --- |
| 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.

Signature: Date:

Utility Department Only

 APPROVED

 Copy of Tacoma Power Bill Received

 DENIED

 --- Reason for denial