



South Suburban Sanitary District

2201 Laverne Ave.

Klamath Falls, OR 97603

Phone: 541-882-5744 Fax: 541-882-5013

Board of Directors

Position 1 – Joe Spendolini

Board Chairman

Position 2- Vacant

Position 3- Michael Koger

District Manager/Secretary

Brett Blofsky

SENIOR CITIZEN DISCOUNT APPLICATION

NOTE: This is a one-time form. The senior discount will automatically be applied for every year you own and live in your residence. **You will need to provide a valid picture ID as proof of age.**

CUSTOMER NAME: _____ AGE: _____

SPOUSE NAME: _____ AGE: _____

SERVICE ADDRESS: _____ PHONE: _____

MAILING ADDRESS: _____

ACCOUNT NUMBER (if known): _____

Under penalties of law, I certify that I am age 65 or older, am the principal owner of the above service address receiving sewer services and that I am currently occupying this residence as of today's date.

PLEASE INITIAL: _____

I further authorize South Suburban Sanitary District to make any necessary inquiries for determining my eligibility for this discount. I understand that if any of the above statements are found to be false, my discount will be revoked and my sewer account will be charged back for the amount of the discount.

PLEASE INITIAL: _____

APPLICANTS SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

Date Received: _____ Discount Approved: Y / N Credit Applied: \$ _____

Employee Initial: _____