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**Board of Directors**

Position 1 – Michael G. Griffith  
Position 2 - James L. Hainline  
Position 3 – Charles R. Dehlinger

**General Manager/Secretary**

Michael Fritschi

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**SENIOR CITIZEN SEWER 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 primary 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 # (if known) \_\_\_\_\_

Under penalties of law, I certify that I am age 65 or older and the principal resident of the above service address receiving sewer services and that I am currently occupying this residence from today's date \_\_\_\_\_, 20\_\_\_. I am also on the account as homeowner.

I understand that my discount will be applied only as a credit to my sewer account. I also understand that if I pay my account in full by September 30, 20\_\_\_, I will receive the discount of the total due along with my senior discount.

I further authorize South Suburban Sanitary District to make any necessary inquiries for determining my eligibility for this discount. I understand if any of the above statements are found to be false, South Suburban Sanitary District will charge my account for the discounts applied.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

**OFFICE USE ONLY:**

Rebate Granted Y / N Date: \_\_\_\_\_ Rebate Denied Y / N Date: \_\_\_\_\_

Credit applied \$ \_\_\_\_\_ Date Applied \_\_\_\_\_ Initial \_\_\_\_\_

*Protecting Tomorrow's Environment!*