

## **Application for Senior or Disabled Discount**

Date:	Email:
Name:	Birth Date:
Street Address:	Contact #:
City, State, Zip:	Sardis Account #:
1. Is the applicant the primary account h	older? Yes No
2. Is the applicant 65 years of age or old	er? Yes No
3. Is the applicant certified as 100% disa Security Administration or Veterans A	•
with your account, you are eligible for the Ser	identification card
<ol> <li>Certification from the Social Security A</li> <li>Certification from the Veterans Admir</li> </ol>	administration
The Corporation has the authority to review a may request an applicant to re-apply in subse	I accounts and verify continued eligibility in the future and quent years.
"I have read this document and certify my ans	wers as true and correct"
Applicant's Signature	
Approved by Name/Title	
Approved by Signature	

Email to: <u>billing@sardiswater.com</u> or Fax to: 972-775-3114 1941 Bryson Ln., Midlothian, TX 76065