

WATER & SEWER BASE RATE DISCOUNT PROGRAM APPLICATION

CONTACT INFORMATION

Name of Applica	ant	
Property Owner	Name	
Physical Addres	S	
Billing Address (if different)	
Phone Number		
Email		
To register for the and meet at leas (Please check all	e program, y t one of the l that apply	
☐ YES	□ NO	Are you permanently disabled? If yes, provide a letter from your physician.
☐ YES	□ №	Are you enrolled in a federal or state financial assistance program? If yes, provide proof of enrollment.
☐ YES	□ NO	Have you maintained your primary residence in Craig city limits for at least the last ten years and are you 65 years of age or older? If yes, provide proof of residency, and a copy of your driver's license.

I hereby certify, under penalty of proceed for the foregoing is true and correct.	perjury, in compliance with the Craig Municipal Code that the
Applicant Signature	
Date	
Application and proof of eligibilit at City Hall, or mailed to 300 W 4	ty can be emailed to finance@cityofcraig.org, dropped off Ith Street, Craig, CO 81625.
OFFICIAL USE ONLY Calculation of Discount	
Catcutation of Discount	
Calculated discount applied to	b base rate for water and sewer:
Staff Recommendation	APPROVED DENIED
City Manager Approval	