



2025

WATER & SEWER BASE RATE DISCOUNT PROGRAM APPLICATION

CONTACT INFORMATION

Name of Applicant _____

Property Owner Name _____

Physical Address _____

Billing Address (if different) _____

Phone Number _____

Email _____

REGISTRATION MUST BE RENEWED ANNUALLY.

To register for the program, you must be a natural person, utility customer, reside in city limits, and meet at least one of the following qualifications.

(Please check all that apply)

- ☐ **YES** ☐ **NO** Are you permanently disabled?
If yes, provide a letter from your physician.
- ☐ **YES** ☐ **NO** 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.

