

2025

WATER & SEWER BASE RATE DISCOUNT PROGRAM APPLICATION

CONTACT INFORMATION

Name of Appli	icant	
Property Own	er Name	
Physical Addre	ess	
Billing Address	s (if different)
Phone Numbe	er	
Email		
•	ast one of the	you must be a natural person, utility customer, reside in city limits, e following qualifications. ()
_ 120		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.

City of Craig 300 W 4th Street Craig, CO 81625

hereby certify, under penalty of perjury, in compliance with the Craig Municipal Code that the oregoing is true and correct.
applicant Signature
Date
application and proof of eligibility can be emailed to finance@cityofcraig.org, dropped off at City Hall, or mailed to 300 W 4th Street, Craig, CO 81625.
OFFICIAL USE ONLY Calculation of Discount
Calculated discount applied to base rate for water and sewer:
Staff Recommendation
inance Director Approval

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