



City of Dunn Center



Senior Citizen Water Bill Discount Application

Applicant Information

Name: _____

Service Address: _____

Mailing Address (if different): _____

Phone Number: _____

Date of Birth: _____

Age: _____

Eligibility Certification

- ☐ I certify that I am a senior citizen (age _____ or older, as defined by city policy).
- ☐ I certify that this residence is my primary residence.
- ☐ I understand that this discount applies only to my personal residential water account.

Required Documentation (attach copy)

- ☐ Proof of age (driver's license or ID)

Applicant Signature

I certify that the information provided is true and correct.

Signature: _____

Date: _____

Office Use Only

Approved: ☐ Yes ☐ No

Effective Date: _____

Authorized By: _____