

____ Copy of ID

____ Staff

____ Entered by

__/__/__ Date

REQUEST FOR DELAY OF BILL

PAYMENT DATE FOR ELDERLY INDIVIDUALS

GENERAL: Pursuant to the Utilities Code in Section 182.002 "Delay of Bill Payment Date for Elderly Individual", upon the request by an elderly individual, a utility shall delay without penalty the payment date of a utility bill for providing utility service for that elderly individual until after the 25th day after the bill is issued. *Elderly Individuals under this section of the utilities code means an individual that is 60 years of age or older. This applies to Elderly Individuals who:*

1. are a residential water customer; and
2. occupies the entire premises for which the delay is requested.

REQUEST FOR DELAY: An elderly individual may request that the utility implement the delay pursuant to *Section 182.002 of the Utilities Code* for the most recent utility bill; or for the most recent utility bill and each subsequent utility bill.

PROOF OF AGE: The Utility may require that an individual requesting a delay under this section provide reasonable proof that the individual is 60 years of age or older.

INSTRUCTIONS FOR REQUESTING A DELAY UNDER THIS SECTION: Individuals requesting the utility implement the delay must fill out the request form below.

REQUEST FOR DELAY OF BILL PAYMENT DATE FOR ELDERLY INDIVIDUALS

NAME: _____ **ADDRESS:** _____

REQUEST IS FOR: *Most Recent Bill* *Most Recent Bill and Subsequent Bills*

Please check the appropriate blank below:

- I am a residential water customer: **Yes** **No**
- I am 60 Years of Age and able to provide proof of: **Yes** **No**
- I occupy the entire residence for which the delay is requested: **Yes** **No**

NOTE: *Failure to answer yes to all of the above will disqualify the individual from being approved for Delay of Payments under Section 182.002 of the Utilities Code.*

CERTIFICATION OF APPLICANT: By my signature below I certify that I meet all of the provisions as provided for in Section 182.002 of the Utilities Code for the delay of bill payment date for elderly individuals. I understand that this request is not transferrable to any other person or tenant and if for any reason my status as the occupant ceases then any approval of this application is rescinded in its entirety.

(Signature of Applicant) (Printed Name) **Date:** _____

FOR OFFICE USE ONLY

PROOF OF AGE BY: *Driver's License* *Birth Certificate* *Other:* _____

COMMENTS: _____

APPROVED **NOT APPROVED**

BY: _____
Mayor/City Administrator

Date: _____