



City of Aurora

Senior Discount Water Application

Applicant's Name: _____

Address: _____ Zip Code: _____

Date of Birth: _____ Telephone No.: _____

Water/Utility Service Account Number: _____

Affirmation

I hereby affirm that I am the owner and occupying the above mentioned address and I am 65 years of age or older as of the date of this application.

Required: Proof of age. Acceptable documentation includes a valid driver's license, state identification card or passport.

Signature of Applicant

Date

Submit your application with proof of age to:
City of Aurora, Water Billing Division, 44 East Downer Pl, Aurora, IL 60507