

City of Jasper 200 Burnt Mountain Road Jasper, GA 30143 Phone: 706-692-9100 www.jasper-ga.us

Application for Reduced Water and/or Sewer Rates

Name of Applicant_____ Phone Number_____

Service Address

Please se	lect whi	ch applies	5	⊖ Disat	oled	\bigcirc Ag	e 62 o	or Ove	er	
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In accordance with City of Jasper ordinance Sec. 82-27 Discount on Services

Number of Persons in Household

Name:	Age:	Annual Income	Source of Income
TOTAL ANNUAL INC	OME	\$	
Must be less than ann	ual inco	ome requirements ad	ccording to the Federal Poverty Guidelines

REQUIRED DOCUMENTATION: IDENTIFICATION and RECENT TAX RETURN *IF DISABLED MUST PROVIDE DOCTOR'S CERTIFICATE*

I CERTIFY THAT THE ABOVE FACTS ARE TRUE. I UNDERSTAND THAT SHOULD ANY OF THESE FACTS BE KNOWINGLY FALSELY STATED, I WILL BE RESPONSIBLE FOR ALL CHARGES PREVIOUSLY REDUCED AND PAYMENT WILL BE DUE IMMEDIATELY TO THE CITY OF JASPER.

Signature	Date					
	**REQUIRES ANNUAL RENEWAL – DUE YEARLY BY FEBRUARY 1 ST **					
APPROVED REJECTED	Reason for Rejection					
Reviewed By	Date					