



CITY OF CLEARWATER  
CUSTOMER SERVICE DEPARTMENT  
62 + PLUS PROGRAM

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

STATEMENT: I am 62 Years of age or older and on a primary fixed income, or I am permanently disabled on a primary fixed income. My checks are received around the first or the fifteenth of each month.

I understand that my due date will be extended to the sixth day of each month if my check is received at the first of each month, or that my due date will be extended to the twentieth day of each month if my check is received at the fifteenth of each month. My check date is: \_\_\_\_\_.

Failure to pay a utility bill by the extended due date, either the sixth or the twentieth of each month depending on when my check is received, will result in application of a late charge and could result in discontinued utility service.

Two consecutive late charges will remove me from this penalty-delay program.

Please check one of the following:

- I am 62 years of age or older on a primary fixed income.
- I am a permanently disabled on a primary fixed income.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers license number: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Customer Service Rep: \_\_\_\_\_