Elderly Protection Certification(Age 62 or Older)

Customer's name: _____

Birth date: _____ Phone Number_____

Email Address:_____

Electric account number: _____

Driver's License or State ID Number _____State_____

Customer Address_____

City_____ State_____ zip code_____

Name of Adult residents in households:

Name_____ Birth Date_____

Name_____ Birth Date_____

Name_____ Birth Date_____

Name_____ Birth Date_____

I hereby certify that my household meets the requirements for Elderly Protection and that all the information I've provided is true and accurate. I hereby certify that I am the customer of record for the account specified above, and that I and every other resident of my household is 62 years of age or older.

Signature_____ Date_____

Please attach a Birth Certificate as proof of age.