Clear River
Electric & Water District

Please mail to:
Clear River Electric & Water District
PO Box 107, Pascoag, RI 02859

Elderly Protection

In order to qualify, every household member must be 62 years or older.
Please attach a copy of the birth certificate(s) for proof of age.

Please note: This is not a rate reduction.

Customer Information:

Account Holder Name: _____

Address: _____ City/Town: _____

Email Address: _____Phone Number:_____

Electric Account Number: _____

Name(s) of all Residents in Household:	Date of Birth:

Acknowledgement

I hereby certify that my household meets the requirements for Elderly Protection and that all the information I have 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 member of my household is 62 years of age or older.

Signature: _____

Date signed: _____

Clear River Electric & Water District requires this form to be submitted annually to recertify that all criteria are being met to maintain this protection.