



Senior Citizen Age Verification Form

To qualify for this rate, the customer must be 62 years of age or older and head of household.

Customer Name: _____

Date of Birth: _____

Account Number: _____ - _____

Service Address: _____

Billing Address: _____
(If different than above)

By signing my name below, I hereby certify that the information I have provided on this document is true, accurate and complete.

Sign Name

Date

Please print, sign and mail this form to:

**400 Boardman Avenue
Traverse City, MI 4968**

