



SERIES NO.: _____

Kindly *fill out* all the *information* needed and do not leave any box unmarked. Write N/A in items not applicable to you.

**APPLICATION FOR
SENIOR CITIZEN DISCOUNT AVAILMENT**

✓ DATE APPLIED:	✓ SENIOR ID NO.:
✓ NAME OF APPLICANT:	✓ AGE:
✓ ADDRESS:	
✓ DATE OF BIRTH:	✓ TEL./CELLPHONE NUMBER:
✓ NAME OF SPOUSE (If married):	✓ AGE:

PLEASE APPLY PERSONALLY

***To be accomplished by CSWD Personnel:**

ACCOUNT NUMBER:	METER NUMBER:
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DOCUMENTARY REQUIREMENTS:

1. Proof of Billing (Water bill under the name of the Senior Citizen)
2. Proof of Residency / Barangay Clearance Certificate
3. Photocopy of Valid Senior Citizen I.D. Card (Please present original citizen I.D. upon application)
4. Any other VALID ID available.
5. Authorization Letter (If applying through a representative)

CONDITIONS FOR THE DISCOUNT AVAILMENT:

1. The Senior Citizen must be a resident of the household.
2. Monthly water consumption should NOT EXCEED thirty cubic meters (30 m³)
3. This is granted per household regardless of the number of senior citizen for one (1) year.
4. Account and meter should be registered under the name of the senior citizen for a period of one (1) year.
5. Annual renewal of application for senior citizen discount of Castillejos Water District.

✓

Signature over printed name of Applicant

✓

Date

Evaluated by

Approved by