



Village of Lake Zurich

Senior Citizen/Disabled Reduced Water Rate Application

Account # _____

_____ (address)

Your Name (PLEASE PRINT) _____

Phone Number _____ Birthdate _____

Senior Citizen _____ or Disabled? _____

_____ (date)

_____ (signature)

(For Office Use Only)

Drivers' License Number _____

Other Proof of Age _____

Date of Soc. Security Award Letter _____

Signature (received by) _____