



For further information  
Please contact the Utilities Department:

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## APPLICATION FOR DISCOUNT ON WATER AND SEWER RATE

### UTILITY ACCOUNT INFORMATION

Printed Customer Name(s) shown on City of Clute Utility Bill	Utility Account #
Billing Address	Phone #
City and State	Zip Code

I hereby affirm that as of the referenced date below, I am sixty-five (65) years of age or older and a resident of the City of Clute.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_