

Village of Mundelein
440 East Hawley Street
Mundelein, IL 60060
(847) 949-3200

For Office Use Only:

Application Date: _____

ID Form: _____

Forward Date: _____

**APPLICATION FOR
SENIOR CITIZEN DISCOUNT**

*(Water/Sewer Accounts **must be** in the name of the Senior applying for the Senior Citizen Discount)*

Name _____

Spouse's Name _____

Permanent Address _____

Telephone Number _____

Birth Date _____ Spouse's Birth Date _____

I hereby certify that the information above is true and correct.

Applicant's Signature _____

TO BE COMPLETED ONLY IF UNABLE TO APPEAR IN PERSON

Physician's Statement: Due to physical disability and/or illness _____
_____ is unable to appear in person. My records as the applicant's
attending physician indicate the applicant's birth date as being _____.

Physician's signature: _____ Date: _____

*******FOR OFFICE USE ONLY*******

Water Account No. _____ District No. _____ RES-METER-NO _____

Review Date _____ Approved _____ Disapproved _____

Date RES-TYPE Changed _____ Effective Bill Date _____

Approved by: _____