

APPLICATION FOR SENIOR CITIZEN DISCOUNT

I am applying for the senior citizen discount offered by Austell Gas. I understand that the following is true and accurate:

1. I am sixty-five (65) years of age or older.
2. I live at the below address and the gas service account is in my name.

NOTE: The information provided is subject to audit and verification as deemed necessary by Austell Gas System. The applicant agrees to notify the company immediately of any change in the circumstances that make the applicant eligible for the discount.

Applicants Name:	DOB:	
Address:		
City:	State:	ZIP Code:
Customer Account Number:		
Last Four of Security Social Number:		
Customer Phone Number:		
Customer Signature:	Date:	

If you have any questions regarding this document, contact our Customer Service Department at 770-948-1841.

Please submit application to:

Austell Natural Gas System

P.O. Box 685

Austell, GA 30168-0685

