

**PUBLIC SERVICE AUTHORITY  
SENIOR CITIZEN/DISABILITY  
DISCOUNT FORM**

---

**NAME**

---

**PSA ACCOUNT NO.**

---

**SERVICE ADDRESS**

**I hereby certify that I am either 65 years old or disabled and that I am the owner or leasee of the property described above.**

---

**SIGNATURE**

---

**DATE**

---

---

**PUBLIC SERVICE AUTHORITY USE**

---

---

- USER** (water, sewer, both)
- NON-USER** (water, sewer, both)

**Identification provided:**

- Driver's License**
- Identification Card**
- Medicare Card**
- Birth Certificate**
- Social Security Disability Letter**
- Insurance Disability Certificate**

---

**VERIFIED**