

**PUBLIC SERVICE AUTHORITY
DISABILITY
DISCOUNT FORM**

NAME

PSA ACCOUNT NO.

.....
SERVICE ADDRESS

I hereby certify that I am disabled and that I am the owner or leasee of the property described above.

SIGNATURE

DATE

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PUBLIC SERVICE AUTHORITY USE
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- USER** (__water, __sewer, __both)
- NON-USER** (__water, __sewer, __both)

Identification provided:

- Social Security Disability Letter**
- Insurance Disability Certificate**

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VERIFIED