

**CITY OF WASHINGTON**  
**SENIOR CITIZEN AFFIDAVIT**

I do hereby depose and say:

- I am a resident of the City of Washington, Illinois.
- I am a qualified senior citizen, 62 years of age or older, as defined by Ordinance No. 1913.
- I am retired receiving Social Security and/or retirement pension.
- I receive water or sewer service or both from the City of Washington.
- I will make such service available to no one else except a spouse and/or dependent.

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

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

NAME  
ACCOUNT