

City of Gladstone
PO Box 32
Gladstone, MI 49837
906-428-3737 Fax 906-428-3122

Eligible Senior Citizen Customer Application

Name _____

Address _____

Account Number _____

Phone Number(s) Home _____ Cell _____

I _____ do hereby attest that I am 65 years of age or older and can demonstrate that I am a City utility customer.

I would like to be considered an Eligible Senior Citizen Customer because if I qualify the City will not shutoff my electric service from November 1 through March 31 each year if I fail to pay my City utility bill during that period.

I understand that if I fail to pay my electric bill during those winter months, I will be charged late fees each month until the balance is paid in full. I understand that if I have an outstanding balance on March 21, the City may issue Shutoff Notices that provide a ten (10) day period to pay the bill in full, enter into a Payment Agreement, or the electric service will be disconnected.

I understand and agree to the terms and conditions of the City's policy to not shutoff Eligible Senior Citizen Customer's electric service from November 1 to March 31 if they fail to pay their bill during that period.

Customer's Signature

Date

City

Date