

City of Weslaco Water Department



"The City on the Grow"

DISCOUNT/EXEMPTION CERTIFICATION

I, _____ certify that I am (check all that apply):

- Over 65 years of age and am eligible for the lower monthly base fees for water and/or sewer service and that I am exempt from the 10% penalty for late payments.
- A veteran and am eligible for the lower monthly base fees for water and/or sewer service.
- Disabled and am eligible for the lower monthly base fees for water and/or sewer service.

My homestead address is _____ which is the same as the service address appearing in the City of Weslaco Billing Department records at City Hall on account number _____. I also understand that no double discounts will be given.

Applicant's Signature

Witness #1

(Witnesses are necessary on any (X) signatures)

Witness #2

Check all that apply:

- Proof of age obtained.
- Proof of address obtained.
- Proof of veteran status obtained.
- Proof of disability obtained.
- Appears on tax roll list verifying status claimed above for tax year 20_____.

Authorized by: _____ **Date:** _____