

OVER 60 LATE CHARGE EXEMPTION FORM

I, _____, AM SIXTY (60) YEARS OF AGE
OR OLDER, AND HEREBY REQUEST THAT NO "LATE CHARGE" BE
ADDED TO MY ACCOUNT, UNTIL AFTER THE 25TH OF EACH MONTH.

PROOF OF MY AGE IS ATTACHED.

Signature Date: _____

Received by: _____, Clerk

For ACCOUNT # _____

NOTE: Clerk receiving this form shall turn this form over to billing clerk.