



CITY OF WESTLAKE

1001 MULBERRY STREET · PO Box 700 · WESTLAKE, LA 70669-0700

PHONE (337) 433-0691 · FAX (337) 433-9350

TELECOM DEVICE FOR THE DEAF (337) 494-1247

"VISION WITH ACTION EQUALS CHANGE"

65 AND OLDER DISCOUNT

Name: _____

Account: _____

Date: _____

Address: _____

Social Security # _____

Date of Birth: _____ Age: _____

I hereby certify that I am 65 years of age or older and I am the primary party responsible for the payment of all bills incurred at the above address.

Signature of Applicant

Date

(For Office Use Only)

Signed: _____ Entered: _____