



LAKE IN THE HILLS SANITARY DISTRICT

515 PLUM STREET • LAKE IN THE HILLS, ILLINOIS 60156 • 847-658-5122 • FAX 847-658-4523

Senior Discount Form

Owner must be 65 years of age or older and reside at the service address

Account Number _____

Name: _____

Address: _____

claim the Senior Citizen rate of the Lake in the Hills Sanitary District.

I certify that I am the owner of this property and that this is my primary residence.

Birth Date: _____

Note: Please include a valid copy of a picture I.D. to show proof of age.

Signed _____

Date _____

Received Date _____

Entered _____