



**LAKE IN THE HILLS**  
SANITARY DISTRICT

**Senior Discount Form**

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

**Account Number** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number :** \_\_\_\_\_

Claim(s) 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** \_\_\_\_\_