CITY OF MARTINSVILLE
SENIOR CITIZEN DISCOUNT FORM

_____ _____

NAME ACCOUNT NO.

_____

SERVICE ADDRESS

I hereby certify that I am 65 years old or older and that I am the owner or leasee and resident of the property described above.

_____ _____

SIGNATURE DATE

CITY OF MARTINSVILLE USE

Identification Provided:

- ☐ Driver's License
- ☐ State Issued Identification Card
- ☐ Birth Certificate

_____

Verified By