



CITY OF WESTLAKE

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

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"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:** _____