

POLICY

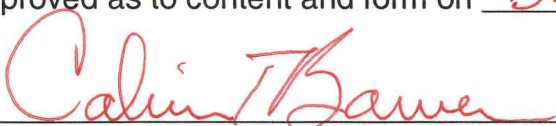
Penalty Charge Exemption Program for Inside City Residential Customers

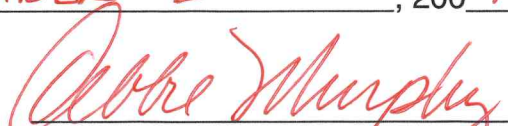
This policy applies to inside City, residential utility accounts. Eligible applicants for this Program will have late penalty charges waived on City utility bills. To apply for participation in the program a written application, along with proof of status must be filed with the UA/FS Division and the following eligibility requirements must be met:

- Residential service location must be within City limits.
- Utility account must be in the program applicant's name.
- Applicant must reside at residence.
- On Monthly Fixed Income (proof required)
- Applicant for exemption must be:
 - Senior Citizen (65 years and older)
 - Required Proof – Birth Certificate or Driver' License plus one other form of Identification
 - Disabled Veteran
 - Required Proof – DAV Medical Card or Other Valid VA Identification
 - Permanently and Totally Disabled
 - Required Proof – Award Letter from Social Security Administration Office

Participation in this program is not intended to eliminate the customer's financial responsibility with regard to payment of their monthly City utility bill.

Approved as to content and form on DECEMBER 1, 2009:


Cal Bowen, Financial Services Dept. Director


Debbie Murphy, UA/FS Div. Director

PENALTY CHARGE EXEMPTION APPLICATION

FOR INSIDE CITY RESIDENTIAL CUSTOMERS

<p>GENERAL INSTRUCTIONS</p>	<p>Eligible applicants for this program will have the late penalty waived on Utility bills. To be eligible:</p> <ul style="list-style-type: none"> • Service location must be within City Limits. • A written application must be filed with UA/FS Division. • Utility account must be in APPLICANT'S name. • Applicant must reside at residence. • Applicants for exemptions are allowed under one category <ul style="list-style-type: none"> ▶ Senior Citizens (65 years and older) ▶ Disabled Veterans ▶ Permanently and Totally Disabled <p>Complete ALL information requested. Application must be signed and dated. Questions, call 863-291-5678 for assistance.</p>		
<p>APPLICATION FOR: <i>(Check one only)</i></p>	<p><input type="checkbox"/> Senior Citizen (65 years and older)</p> <p><input type="checkbox"/> Disabled Veteran</p> <p><input type="checkbox"/> Permanently and Totally Disabled</p> <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin-left: auto; margin-right: auto;"> <p>PROOF OF STATUS IS REQUIRED. FOLLOW THE DIRECTIONS BELOW.</p> </div>		
<p>APPLICATION INFORMATION <i>(Complete all information regardless of exemption program you are applying for.)</i></p>	<p>Name: _____</p> <p>Address: _____</p> <p>Email: _____</p> <p>Phone: _____ Date of Birth: _____</p> <p>Social Security Number: _ _ _ - _ _ - _ _ _</p> <p>Signature: _____</p> <p>Date: _____</p>		
<p>ACCOUNT NUMBER</p>			
<p>PROOF REQUIRED <i>(Use copies-Do not enclose original documents, since they will not be returned.)</i></p>	<p>SENIOR CITIZEN</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Driver's License (plus one other ID)</p>	<p>DISABLED VETERAN</p> <p><input type="checkbox"/> DAV Medical Record</p> <p><input type="checkbox"/> Other VA ID</p>	<p>PERMANENTLY AND TOTALLY DISABLED</p> <p><input type="checkbox"/> Award letter from Social Security Admin.</p>
<p>PREPARER'S INFORMATION <i>(Complete only if someone other than applicant prepared this form)</i></p>	<p>Preparer's Name: _____</p> <p>Preparer's Signature: _____</p> <p>Preparer's Phone Number: _____</p>		