



SENIOR DISCOUNT WATER/SEWER APPLICATION  
(Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I hereby certify the following:

- ✓ I am at least 62 years of age  
(proof of age required – Driver’s License/State ID)
- ✓ I own the home at the above listed address
- ✓ I reside at the above address

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**FOR OFFICE USE ONLY**

Effective Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Proof of Age Document: \_\_\_\_\_

Approved by: \_\_\_\_\_

Return completed application to:  
Village of Romeoville  
Attention: Water Billing  
1050 West Romeo Road  
Romeoville, IL 60446  
(815) 886-7212