

CITY OF ESCALON
SENIOR/ DISABLED DISCOUNT FORM

Account # _____ Date _____

Name _____ Phone # _____

Service Address _____ Escalon, CA 95320

DOB _____ Age _____ **Include a copy of your driver's license as proof that you are at least 65 years of age and reside at the address listed above.**

Disabled _____ **Include a copy of Social Security Disability Award letter as proof of permanent disability**

Signature _____ Date _____

Please return form to: 2060 McHenry Ave
Escalon CA 95320

OR fax the form to: 209.691.7409
OR email to: utilities@cityofescalon.org