Republic of the Philippines
SAN QUINTIN WATER DISTRICT
Brgy. Cabalaoangan, San Quintin, Pangasinan
CCC-553

Telephone no. (075) 529 1734 Mobile: 0923-575-1685 ; 0947-193-5317 Email: sanquintinwd_553@yahoo.com website: www.sqwd.gov.ph

SENIOR CITIZEN'S APPLICATION FOR DISCOUNT ON WATER BILL

(To be filled out by the Applicant in **CAPITAL LETTERS**)

NAME: _____
Surname ***First Name*** ***Middle Name***

ADDRESS: _____

ACCOUNT NUMBER: _____

AGE: _____ DATE OF BIRTH: _____ *(MM/DD/YYYY)*

DOCUMENTARY REQUIREMENTS SUBMITTED:

- ☐ APPLICATION FORM
- ☐ PROOF OF RESIDENCE/BARANGAY CLEARANCE
- ☐ LATEST 2X2 PICTURES OF THE SENIOR CITIZEN
- ☐ VALID SENIOR CITIZEN CARD ID NO. _____
- ☐ OTHER IDS PRESENTED _____
  (If applying through a representative)
- ☐ AUTHORIZATION LETTER
- ☐ VALID ID of the Representative _____

I hereby certify to the best of my knowledge that the above information is true. I hereby also agree to the provisions and guidelines set by the San Quintin WD on the 5% water utility discount under Article 12, Section 1 of the Implementing Rules and Regulations of Republic Act 9994.

CONDITIONS FOR THE AVAILMENT:

1. The Senior Citizen must be a resident of the household.
2. Consumption should **not exceed 30 Cubic Meters**.
3. This is granted to a household regardless of the number of Senior Citizens living therein.
4. Account/Meter Registration should be in the name of the Senior Citizen for a period of one year.

_____ _____
APPLICANT'S SIGNATURE OVER PRINTED NAME *DATE*

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EVALUATED BY:

VICKY H. OLIGO
Cashiering Assistant

RECOMMENDING APPROVAL:

MARIE GRACE A. REDULFIN
Administrative/General Services Officer A

APPROVED BY:

ENGR. JAYSON C. ANTOLIN
General Manager

DATE OF APPROVAL: _____

VALID UNTIL: _____

☐ New Applicant ☐ Renewal