



TOLEDO CITY WATER DISTRICT

2nd Flr. Terminal Bldg., Baybay I
Poblacion, Toledo City, Cebu
Tel. Nos. 0(32) 467 8544/ 467 8533/ 467 9449
Telefax: 0(32) 467 8533

APPLICATION FOR SENIOR CITIZEN DISCOUNT PRIVILEGE

APPLICATION NO. _____

ACCOUNT NAME: _____ ACCOUNT NO: _____

ADDRESS: _____ DATE OF BIRTH: _____

_____ AGE: _____

CONTACT NO: _____ GENDER: _____

This is to request for availment of the Senior Citizen Discount Privilege pursuant to Republic Act 9994, otherwise known as the "Expanded Senior Citizens Act of 2010". I fully understand and agree on the specific terms and conditions in the grant of the privilege herein below, stated as follows:

1. The grant of five percent (5%) discount is relative to the monthly consumption of water supplied by TCWD;
2. The individual water meter is registered in the name of the senior citizen residing therein;
3. The monthly water consumption does not exceed thirty cubic meters (30 m³);
4. The discount privilege has a validity of one (1) year, subject to re-application/renewal;
5. The privilege is granted per household regardless of the number of senior citizen residing therein; and
6. The discount privilege is discontinued for any violation of TCWD's policies and shall not be excused from imposition of penalty.

Date Applied

Applicant's Signature over Printer Name

VERIFICATION OF QUALIFICATION

- Proof of Identity (OSCA ID)
OSCA ID # _____
- No Other Account Granted

- Proof of Account Registration
TCWD Water Bill/Records

Remarks: _____

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| <p>Evaluated by:</p> <p>_____</p> | <p>Reviewed by:</p> <p style="text-align: center;">Roseller T. Nuñez</p> <p style="text-align: center;">Commercial Division Manager</p> | <p>Action taken:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Disapproved</p> | <p>Date:</p> <p>_____</p> |
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