

APPLICATION FOR SENIOR CITIZEN DISCOUNT



I am applying for the senior citizen discount offered by Atlanta Gas Light. I understand that this discount, approved by the Georgia Public Service Commission, exempts me from the total amount of Atlanta Gas Light's monthly charges of up to \$14.

I further understand that I must meet all of the following criteria as of the date of this application in order to qualify for the discount. I hereby affirm that the following is true:

- I am sixty-five (65) years of age or older. (A copy of my driver's license, photo ID or birth certificate is attached.)
- I live at the address referenced below, and the natural gas service account is currently in my name.
- The total annual combined gross income for my household is \$14,355 or less. (A copy of my W-2, a recent tax return or social security pay stub is attached.)

Note: The information provided is subject to audit and verification as deemed necessary by Atlanta Gas Light. The applicant agrees to notify the company immediately of any change in the circumstances that make the applicant ineligible for the discount to senior citizens.

Applicant's Name:			
Address:			
City:	County:	State:	ZIP Code:
Customer Signature:			
Customer Telephone Number:			
Customer Social Security Number:		Date of Birth:	

If you have any questions regarding this document, contact our Customer Care Center at **800.427.5463**

Please submit application to this address:

Atlanta Gas Light, Location 6250, P.O. Box 4569 Atlanta, GA 30302-4569 | fax: **770.994.6030**