

FORM C-2

*Pls fill-up all blanks legibly and completely.
Please type N/A if not applicable.*

BAYAWAN WATER DISTRICT CCC-221

APPLICATION FOR SENIOR CITIZEN DISCOUNT PRIVILEGE

Date of Application: _____

Application No. _____

ACCOUNT NAME:	ACCOUNT NO.
ADDRESS:	
DATE OF BIRTH:	AGE:
CONTACT DETAILS:	
DATE OF METER REGISTRATION:	
<p>This is to request for availment of the Senior Citizen Discount Privilege per 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:</p> <ul style="list-style-type: none"> * Discount privilege of the Five Percent (5%) is applicable only on the month/s when water consumption does not exceed 30 cubic meters; * Discount privilege has a validity of one (1) year, subject to re-application/renewal; * Discount privilege is discontinued and reverted to its original scheme if not re-applied/renewed; * In case of death, discount privilege is discontinued; * Discount privilege is discontinued for any violation of district policies and shall not be excused from imposition of penalty. <p>This is to further certify that all information given above are true and correct.</p>	
Date Applied	Applicant's Signature Over Printed Name
(To be filled-up by BAWAD) REQUIREMENTS SUBMITTED:	
<input type="checkbox"/> APPLICATION FORM <input type="checkbox"/> PICTURE HOLDING THE LATEST NEWSPAPER (4R size) <input type="checkbox"/> BARANGAY CLEARANCE <input type="checkbox"/> VALID SENIOR CITIZEN CARD -- I.D. No. _____ <input type="checkbox"/> PROOF OF BILLING/CERTIFICATION FROM BAWAD Php20.00 -- OR No. _____ <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> AUTHORIZATION LETTER (If applying through representative) <input type="checkbox"/> GOVERNMENT ISSUED ID (of the Representative) <input type="checkbox"/> OTHER DOCUMENTS PRESENTED	
Evaluated by:	Recommending Approval:
_____	GINALYN P. PIOSCA
Customer Service Representative	Division Manager
	APPROVED:

	ALMA L ABRASALDO
	General Manager

RENEWAL DATES:

Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____

00001