



Carroll Electric Membership Corporation

Valuable. Reliable. Powerful.

SENIOR CITIZEN DISCOUNT APPLICATION

I, _____, living at
(Last Name) (First Name) (Middle Initial)

(Street Address)

(City)

(State)

(Zip)

In _____ County, Georgia, apply for the Senior Citizen Discount offered by Carroll EMC.

I understand that the Senior Citizen Discount allows me \$5.00 per month discount on my Carroll EMC electric bill; however, this discount does not exempt me from the minimum monthly charge. This discount is valid only for the Member's principal residence and is available for one account per Member.

I state under oath that I meet the following qualifications for participation in the Senior Citizen Discount Program.

1. My age is sixty-two (62) years or older.
2. The electric service account is in my name for the above address.

NOTE: Carroll EMC may audit the information provided in this document for verification. The applicant agrees to notify Carroll EMC immediately of any change that would make the applicant listed on this document ineligible for the Senior Citizen Discount Program.

Member Signature

Member Account Number