

PASCOAG  
Utility District

253 Pascoag Main Street  
P.O. Box 107  
Pascoag, R.I. 02859  
Phone: (401) 568-6222  
Fax: (401) 568-0066

## Elderly Protection

In order to qualify, **every household member must be 62 years or older**. Please attach a copy of the birth certificate(s) for proof of age.

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### Customer Information

Account Holder Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Electric account number \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Name of all residents in households

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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I hereby certify that my household meets the requirements for Elderly Protection and that all the information I have provided is true and accurate. I hereby certify that I am the customer of record for the account specified above, and that I and every other resident of my household is 62 years of age or older.

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Name \_\_\_\_\_

Date \_\_\_\_\_