



Please mail to:  
Pascoag Utility District  
PO Box 107, Pascoag, RI 02859

### 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.

**Please note: This is not a rate reduction.**

#### Customer Information:

Account Holder Name: .....

Address: ..... City/Town: .....

Email Address: ..... Phone Number: .....

Electric Account Number: .....

Name(s) of all Residents in Household:	Date of Birth:

#### Acknowledgement

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 member of my household is 62 years of age or older.

Signature: .....

Date signed: .....

**Pascoag Utility District requires this form to be submitted annually to recertify that all criteria are being met to maintain this protection.**