



**Muhlenberg Township Authority**  
**2840 Kutztown Road**  
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**APPLICATION FOR SENIOR DISCOUNT**

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Account Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Co-Resident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I, \_\_\_\_\_ certify that I am the Owner/Occupant of the above listed property. I understand that by signing this statement, I am indicating that I wish to take advantage of the 10% senior citizen discount on my sewer bills. I understand that the discount does not apply to water bills. I certify that I am eligible for this discounted rate because: (check one box)

I live alone at this address and I am 65 or older.

I live with no more than one (1) other person at this address and we are both 65 or older.  
*(Requires both signatures and proof of age)*

NOTE: False statements, including age, address, and occupancy of household may result in the revocation of the senior discount and the Authority will be entitled to payment of all discounts applied, penalty charges and other remedies provided by law.

I acknowledge that the Senior Discount Program can be revoked at any time at the discretion of the Authority Board.

I declare under penalty of perjury of law and pursuant to 28 U.S.C. §1746 that the above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Co-Resident

Date:

Date:

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**FOR OFFICE USE ONLY**

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Form of Identification Provided:

Driver's License

Birth Certificate

Passport

Other (describe)

Form Accepted By: \_\_\_\_\_