



APPLICATION FOR SENIOR CITIZEN DISCOUNT

I am applying for the senior citizen discount offered by Atlanta Gas Light. I understand that this discount, approved by the Georgia Public Service Commission, exempts me from the total amount of Atlanta Gas Light's monthly charges, up to \$14, whichever is less.

I further understand that I must meet all of the following criteria as of the date of this application in order to qualify for the discount. I hereby affirm that the following is true:

- I am sixty-five (65) years of age or older.
- I live at the above referenced address and the gas service account is currently in my name.

REQUIRED: The total annual combined gross income for my household is:

- ☐ \$12,000 or less
- ☐ Between \$12,001 and \$14,355

Note: The information provided is subject to audit and verification as deemed necessary by Atlanta Gas Light. The applicant agrees to notify the company immediately of any change in the circumstances that make the applicant ineligible for the discount to senior citizens.

Applicant's Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Customer Signature: _____

Customer Telephone Number: _____

Customer Social Security Number: _____

If you have any questions regarding this document, contact our Customer Care Center inside Metro Atlanta at 770-994-1946 or outside Metro Atlanta at 1-800-427-5463.

Please submit application to:

Atlanta Gas Light
Location 6011
P.O. Box 4569
Atlanta, GA 30302-4569