



City of Kodiak
 710 Mill Bay Road PO
 Box 1397 Kodiak, AK
 99615 Phone
 907-486-8650
 Utility@city.kodiak.ak.us

Application for Senior Citizen Utility Rate Reduction

Charter of the City of Kodiak, Alaska

13.08.020 Residential rate reduction for senior citizens

Whenever a person 65 years of age or over applies for and is primarily responsible for the water service costs at a residence occupied by said person who is the head of household, the rate for water usage shall be one-half the usual rate for residences. [Ord. 429 §1, 1974]

13.16.100 Charge for sewer services

(b) Whenever a person 65 years of age or over applies for and is primarily responsible for the sewer service costs at a residence occupied by said person, who is also head of the household, the rate for sewer services shall be one-half of the usual rate for residences. [Ord. 1040, 1996; Ord. 938 §17, 1992; Ord. 862 §1, 1989; Ord. 686 §1, 1983; Ord. 556 §4, 1979]

I, _____, the undersigned hereby declare that I am 65 years of age or over, and in accordance with Ordinance # 429 passed in 1974 and Ordinance # 1040 passed in 1996 by the City Council of the City of Kodiak, am applying for reduced water and sewer rates for my residence. I occupy the residence listed below. I am the head of the household at that residence.

Printed Name of Applicant: _____

Mailing Address: _____

Residence Address: _____

Phone Number: _____ Date of Birth _____

Email: _____

Signature of Applicant _____ Date: _____

Complete this section if Senior Citizen is renting his or her residence:

I, _____, am the owner of the property where this senior citizen lives. Said senior occupies Unit _____. By signing this affidavit, I agree to notify the City of Kodiak Finance Department within 30 days if there is any change of tenant for this unit. I also agree that senior citizen utility rate, if approved by the City of Kodiak, will be charged for this unit.

Signature of Owner _____ Date _____

Approved by Employee Accepting Application _____ Date _____

Utility Account Number: _____ Finance Director Approval _____