



CITY OF
**INVER GROVE
HEIGHTS**

www.ighmn.gov

City of Inver Grove Heights
8150 Barbara Avenue
Inver Grove Heights, MN
55077

651-450-2500

APPLICATION FOR REDUCED WATER RATES FOR SENIORS

DATE OF APPLICATION _____ **UTILITY ACCOUNT #** _____

NAME _____ **DATE OF BIRTH** _____

STREET ADDRESS _____

INVER GROVE HEIGHTS, MN ZIP CODE: _____

TELEPHONE # _____

I hereby make application to the City of Inver Grove Heights for reduced water rates at the special rate for seniors ages 65 or older. The reduced water rates will be applied to each billing cycle for my dwelling unit's consumption plus any charges for late payment of billing. I further certify that I qualify for senior citizen water rates since I am 65 years of age or older, and am the head of a household. I further agree to notify the City of Inver Grove Heights immediately upon moving from the above address.

Please note: The Senior Discount will be applied to future billings after receipt and approval of this application. The discount is not retroactive. One discount per household.

Signature

Please attach a copy of ID showing address above along with date of birth.