

**APPLICATION FEE AND DEPOSITS ARE  
REQUIRED FOR ALL ACCOUNTS:**

Drivers License/Pic ID Required

Social Security Number Required

City of Bevil Oaks Public Works

7525 Sweetgum Rd

Beaumont, Tx. 77713

409-753-1475 or 409-753-2126

FAX: 409-753-1404

**Application for SENIOR DISCOUNT on  
Water/Sewer Services**

**OFFICE USE ONLY**

Account #: \_\_\_\_\_

Age of Applicant at time of initial  
Account Application: \_\_\_\_\_

Age of Applicant at time of Discount  
Application: \_\_\_\_\_

Date Discount Services Begin:  
\_\_\_\_\_

I HEREBY APPLY TO THE CITY OF BEVIL OAKS PUBLIC WORKS TO REQUEST A 10 % DISCOUNT ON THE BASIS OF BEING A SENIOR CITIZEN  
(AGED 62 YEARS-OLD OR OLDER) FOR THE WATER/SEWER ACCOUNT AT THE FOLLOWING ADDRESS:

**Address:**

BEAUMONT, Tx. 77713

**I AM LEASING THE PROPERTY:** ☐

(COPY OF LEASE AGREEMENT REQUIRED OR PREVIOUSLY PROVIDED)

**I AM THE OWNER OF THE PROPERTY:** ☐

(COPY OF DEED/CLOSING DOCS REQUIRED OR PREVIOUSLY PROVIDED)

PER THIS APPLICATION, I REPRESENT THAT I AM THE AUTHORIZED ACCOUNT HOLDER FOR THE ABOVE-STATED ADDRESS, I AM SIXTY-TWO (62) YEARS-OLD OR OLDER, CONTINUOUSLY OCCUPY THE RESIDENCE AND REQUEST THE 10 % DISCOUNT TO BE APPLIED TO NORMAL WATER/SEWER CHARGES. I UNDERSTAND THAT THE DISCOUNT DOES NOT APPLY TO LATE FEES, CHARGES INCURRED FOR WORK OR REPAIRS CONDUCTED BY THIRD PARTIES (HIRED BY THE CITY), OR FOR FINES OR FEES INCURRED THROUGH ACCIDENTAL DAMAGE OR INTENTIONAL VIOLATION OF THE CITY'S APPLICABLE WATER/SEWER ORDINANCE.

FURTHER, I UNDERSTAND AND AGREE, THAT IF SUCH DISCOUNT IS APPROVED, TO ABIDE BY ALL CITY OF BEVIL OAKS PUBLIC WORKS ORDINANCES AND REGULATIONS RELATING TO SUPPLY OF SUCH SERVICE. INITIAL: \_\_\_\_\_

Primary Name: \_\_\_\_\_

Anticipated # of full-time residents at the premises: \_\_\_\_\_

Primary SS#: \_\_\_\_\_

Primary Driver's License #: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Primary Employer & Address:

Job Title: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Local Friend or Relative:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Primary Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

City Employee Name \_\_\_\_\_ Date \_\_\_\_\_

City Employee Signature \_\_\_\_\_