



PASCOAG
UTILITY DISTRICT

253 Pascoag Main Street
P.O. Box 107
Pascoag, R.I. 02859
Phone: (401) 568-6222
Fax: (401) 568-0066

Elderly Protection Certification(Age 62 or Older)

Customer's name: _____

Birth date: _____ Phone Number _____

Email Address: _____

Electric account number: _____

Customer Address _____

City _____ State _____ zip code _____

Name of Adult residents in households:

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

I hereby certify that my household meets the requirements for Elderly Protection and that all the information I've provided is true and accurate. I hereby certify that I am the customer of record for the account specified above, and that I and every other resident of my household is 62 years of age or older.

Signature _____ Date _____

*****Please attach a Birth Certificate as proof of age. *****