



"First In Service"

WINTER PROTECTION PLAN
APPLICATION FOR SENIOR CITIZEN

NAME _____

ADDRESS _____

ACCOUNT NUMBER _____

PHONE _____

SOCIAL SECURITY NUMBER _____

BIRTH DATE _____

This is to verify that I am 65 years old or older and that the above information is true.

I understand that I am eligible to enroll in the Winter Protection Program for the 2023-2024 heating season beginning November 1, 2023 and ending March 31, 2024. I agree to pay as much as I possibly can each month and I understand that my electricity will not be disconnected for non-payment during this time.

I also agree to pay any and all arrearage billings that have accrued prior to and during the Winter Protection time period on a monthly basis between April 1, 2024 and the beginning of the next Winter Protection Program starting November 2024.

CUSTOMER SIGNATURE _____ Date: _____

APC REPRESENTATIVE _____ Date: _____