



“First In Service”

WINTER PROTECTION PLAN APPLICATION FOR SENIOR CITIZEN

NAME _____

ADDRESS _____

ACCOUNT NUMBER _____

PHONE _____

CELL PHONE _____

SOCIAL SECURITY # _____

BIRTHDATE _____

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 2024 – 2025 heating season beginning November 1, 2024 and ending March 31, 2025. 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, 2025 and the beginning of the next Winter Protection Program starting in November 2025.

Customer Signature _____ Date _____

APC Representative _____ Date _____