

CITY OF AUBURN



**2024 APPLICATION FOR UTILITY RATE EXEMPTIONS
AFFIDAVIT FOR CLAIM OF DISABILITY**

(First Time Applicants Only)

The undersigned certifies, subject to the penalties of perjury, that the applicant meets the following criteria for receiving the exemption for utility services:

“The applicant is **permanently disabled** in that the individual has lost both legs and arms or one leg and one arm, or total loss of eyesight, or is paralyzed or suffering from some other condition **permanently incapacitating** the applicant from ever performing any work at any gainful occupation.”

To be completed by Physician Office: (Please Print)

APPLICANT

Name
Address

PHYSICIAN

Business Name
Physician Name
Business Address
Business Telephone

Physician Name (print): _____

Physician Signature: _____

Date: _____

Verification Required:

(Physician office stamp OR letter on office letterhead)