



**ELIGIBILITY FOR SENIOR
CITIZEN CABLE TV RATE**

*(Applicant must be 62 years of age to qualify for discount.
Discount is 30% off basic cable rate)*

NAME: _____ **PHONE:** _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____ **AGE AS OF THIS DATE:** _____

I hereby certify that the above information is true and correct.

SIGNATURE: _____

DATE: _____

ATTENTION COMCAST: The person identified above qualifies for the Senior Citizen Reduced Cable TV rate. Please adjust your billing records accordingly. Thank you.

Identification Verified by: _____

(Support Services Staff)

Fax to: 425-918-1215
Attn: Karla Kanekeberg

Date

OR Mail Copy to:
Comcast Cable Services
Attn: Karla Kanekeberg
900 132nd St. SW
Everett, WA 98204
On: _____

Copy Received by Applicant

Date Received