

MILLIS SENIOR CITIZEN DISCOUNT FORM

Comcast offers a 5% discount on the Standard Cable level of service

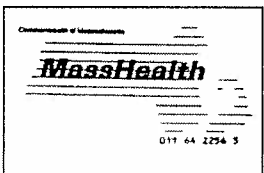
NAME _____

ADDRESS _____

PHONE # _____

ACCOUNT# _____

PLEASE PROVIDE PROOF OF ELIGIBILITY - one item from each lettered box (A, B & C)

A		B		C		C		C
65 years of age <input type="checkbox"/> copy of MA drivers license <input type="checkbox"/> copy of birth certificate	+	Head of Household <input type="checkbox"/> copy of utility bill <input type="checkbox"/> copy of tax bill	+	Medicaid Eligible SSI Eligible <input type="checkbox"/> copy of Mass Health Card 	OR	Real Estate Abatement <input type="checkbox"/> copy of property tax abatement	OR	Low Income <input type="checkbox"/> copy of AFDC card <input type="checkbox"/> copy of welfare ID card

The undersigned hereby states that he/she is a "Head of Household" and age 65 or older who are either Medicaid eligible and/or meet the criteria for an elderly abatement from property taxes; and/or who meets specific income requirements.

SIGNED _____

DATE _____

PLEASE RETURN ONE COPY TO:
Comcast
Box 6505
Chelmsford, MA 01824-0905
ATTN: Senior Discount Dept.

For office use only

effective date _____ representative's initials _____