



Please complete & return to:  
 City of Pampa  
 P.O. Box 2499  
 200 W Foster Pampa, Tx 79065  
 Fax: 806-669-5726  
 Email: [water@cityofpampa.org](mailto:water@cityofpampa.org)

**SENIOR CITIZEN/DISABILITY PAYMENTS EXTENSION PROGRAM APPLICATION**

Account Number \_\_\_\_\_

Account Holder \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc Security # \_\_\_\_\_

Phone Number \_\_\_\_\_

I attest the above information to be true and that I am eligible for the Senior Citizen/Disability payment extension program offered by the City of Pampa, Tx, Water Department. Signature:

\_\_\_\_\_ Date \_\_\_\_\_

**Please attach proof of disability/ Social Security**

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**For Office Use Only**

Driver's License on file Yes \_\_\_\_\_ No \_\_\_\_\_ Received By

\_\_\_\_\_