DISABLED MILITARY VETERANS DISCOUNT PROGRAM

This program allows the Company to provide a monthly bill discount on the basic and volumetric water, electric and wastewater service charges to discharged, disabled members of the United States Military. The Company will defer the cost of this program and seek recovery in its next rate case.

DISCOUNT

The discount rate is 10 percent (10%) of the total bill for all utility services received from the Company or $15.00 per month, whichever is less.

PROGRAM QUALIFICATIONS

1. The bill must be in participant's name and the address must be participant's primary residence or participant must be a tenant receiving utility service for which participant is responsible.
2. Participant must submit an application to participate and must provide discharge orders and/or or other documentation demonstrating that the individual is discharged from military service and has any level of disability as a result of participant's military service.

ADMINISTRATION

1. Participation shall be limited to 25 customers, but the Company is permitted to seek Commission approval to change participant limits based on level of participation.
2. The Company file with Docket Control, by March 1st each year, an annual report detailing the number of participants from the previous calendar year, the total amount of credits provided by the program, and the total of any program administrative costs.

Ajo Improvement Company

DISABLED MILITARY VETERAN DISCOUNT PROGRAM

APPLICATION

Your Name _____
As it appears on your utility bill or as appearing on valid identification

Customer Account No. _____

Service Address _____

Mailing Address _____
If different from above address

Daytime Telephone Number _____
Please include Area Code

I, _____,
Your Name (*please print*)
confirm my eligibility to participant in this program as a result of a disability resulting from my service in the United States Military

_____ _____
Customer Signature Date

INSTRUCTIONS: Attach a copy of your discharge papers and/or other documentation indicating that you are discharged and have a disability resulting from your service in the United States Military.

Submit completed application to:

Ajo Improvement Company
P.O. Drawer 9
Ajo, Arizona 85321

_____
AJO IMPROVEMENT COMPANY USE ONLY

Date received _____ Date Verified _____ Verified By _____