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 than the above address)

Daytime Telephone Number

_____

I,

_____

(Your Name Please Print)

Confirm my eligibility to participate 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 including 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**