

FRANKLIN SENIOR CITIZEN DISCOUNT FORM

Comcast offers a \$2.00 per month on off its monthly "Extra" Service Level or that Digital Level of Service

NAME _____

ADDRESS _____

PHONE # _____

ACCOUNT# _____

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

A

65 years of age	
copy of MA drivers license	<input type="checkbox"/>
copy of birth certificate	<input type="checkbox"/>
copy of passport	<input type="checkbox"/>

B

Head of Household	
Copy of tax bill	<input type="checkbox"/>
Copy of utility bill	<input type="checkbox"/>
Copy of lease	<input type="checkbox"/>

+

C

Income Eligible	
SSI	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>
Fuel Assist.	<input type="checkbox"/>
Property Tax Abatement	<input type="checkbox"/>

The undersigned hereby states that he/she is a "Head of Household", age sixty-five (65) or older and income eligible.

SIGNED _____

DATE _____

PLEASE RETURN ONE COPY TO:

**Comcast
Box 6505
Chelmsford, MA 01824-0905
ATTN: Discount Dept.**

For office use only

effective date _____ representative's initials _____