



Application for Seniors on GIS Wastewater Credit

Please return the completed application with a copy of your GIS record to CustomerService@portcolborne.ca or by fax 905-834-5746 applications for the year of 2021, must be submitted by December 1, 2021

Applicant	Applicant is:	Owner	or	Authorize	ed Water Account Holder	
Last name		First name)			
Street address					Unit number	
Municipality		Postal cod	le	Province		
Telephone number		E-mail			1	
Owner (if differe	nt from applicant)					
Last name		First name)			
Street address					Unit number	
Municipality		Postal cod	le	Province		
Telephone number		E-mail				

4	Appli	cation for waste water credit		
	1.	Are you the water and wastewater rate payer and the water account holder?	Yes N	Мо
	2.	Are you 65 years of age or older? (as of January 1, 2021)	Yes N	No
	3.	Do you use the property for which the application is being made for the purpose of your personal residence?	Yes N	10
	4.	Do you receive a monthly guaranteed income supplement (GIS) pursuant to Part II of the Old Age Security Act (Canada)?	Yes N	No.



Date received:

City of Port Colborne 66 Charlotte Street Port Colborne, Ontario L3K-3C8 905-835-2900

Please attach proof of guaranteed income supplement eligibility for verification and approval purposes. a copy of your GIS cheque or a copy of your confirmation letter from GIS approval) Signature of Applicant: The City of Port Colborne is committed to collecting and using your personal information responsibly. The privacy and protection of your personal information is of utmost importance to us. The Municipality is subject to the provisions of the Municipal Freedom of Information and Protection of Privacy Act MFIPPA). The Act requires that a local government protect the privacy of an individual's personal information that exists in its records and that it follows rules regarding the collection, retention, use, isclosure and disposal of personal information in its custody or control. Office Use:							
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Utility Account number: Water account holder:	Office Use:						
	Utility Account number:	Water account holder:					

Effective date: