

**Inverness Public Utility District
Life Line Program Application**



Date of Application: _____

Applicant Name: _____

Applicant Customer Number: _____

Applicant Service Address: _____

Applicant Mailing Address: _____

Number of persons living at service address: _____

Name(s) of persons living at service address:
(other than applicant) _____

Please attach IRS 1040 or equivalent IRS Income Tax Filing Document(s) for each person living at service address.

Please attach proof that applicant's service address is applicant's primary residential address. Said proof shall be written documentation from The County of Marin stating that the service address listed as the applicant's street address received a Homeowner's Exemption for property taxation for period the applicant is applying for the Life Line Program

Mail application materials to:

Inverness Public Utility District
PO Box 469, Inverness, CA 94937

Signature Date