

SPECIAL PROTECTIONS REGISTRATION FORM

Please complete this form if any of the following applies. Return this form to:
Village of Little Valley, 103 Rock City St, Little Valley NY 14755.

ACCOUNT INFORMATION (Be sure to complete before mailing)

Name _____

Address _____ Apartment _____

Town/City _____ Zip _____

Telephone # Daytime _____ Evening _____

Account Number (as shown on bill) _____

I would like to be enrolled in Special Protections. In my household (Check):

- Unit Owner is 62 years of age or over, and any and all persons residing therewith are either 62 years of age or 18 years of age or under
- Unit Owner is blind (Legally or Medically)
- Unit Owner has a permanent disability
- Unit Owner/resident of my house has a Medical Hardship (type): _____
- Unit Owner/resident of my house has a Life Support Hardship (type) _____

Government assistance.

- I receive Public Assistance (PA).
- I receive Supplemental Security Income (SSI). Note: SSI benefits are not the same as Social Security Retirement Benefits.

Please send me more information about: **Balanced billing**

To be Completed by Third Party

Please let me know if this customer's bill is overdue or if the service might be turned off. As 'Caregiver' I understand that I am not responsible for payment of this bill.

Caregiver/Agency _____

Address _____ Apartment _____

Town/City _____ Zip _____

Telephone # Daytime _____ Evening _____

Designee Signature _____