

SUBMIT BY DECEMBER 31, 2009

CITY OF JOLIET

2008/2009 APPLICATION FOR SENIOR CITIZEN

RESIDENTIAL REBATE PROGRAM

FOR MUNICIPAL ELECTRIC UTILITY TAX

NAME: _____ DATE: _____

SERVICE LOCATION: _____ TELEPHONE: _____

ZIP CODE: _____ ComEd Account Number: _____

Proof of age (i.e., copy of Driver's License, State I.D., etc.) must be submitted if you did not receive a refund last year. Copies of the ComEd bills must be attached with the local tax amounts entered on the lines below.

*****PLEASE NOTE: ComEd BILLS WILL NOT BE RETURNED.*****

Please fill in the amount of Municipal Tax (Not the Entire Bill) paid for each month:

October, 2008 _____ April, 2009 _____

November, 2008 _____ May, 2009 _____

December, 2008 _____ June, 2009 _____

January, 2009 _____ July, 2009 _____

February, 2009 _____ August, 2009 _____

March, 2009 _____ September, 2009 _____

Total Municipal Tax: \$ _____

After September 30, 2009 mail or bring this completed application form, proof of age (if required) and copies of your ComEd bills to:

City of Joliet
ATTN: Municipal Tax Rebate Program
150 West Jefferson Street
Joliet, Illinois 60432-4156

APPLICANT SIGNATURE