



# CITY OF PLACERVILLE LIFELINE ASSISTANCE PROGRAM CUSTOMER APPLICATION

Date: \_\_\_\_\_

Program Year: **2025 / 2026**

## PLEASE PRINT:

Customer name:

\_\_\_\_\_

Service address:

\_\_\_\_\_

Phone number:

\_\_\_\_\_

Email address:

\_\_\_\_\_

**\*ATTACH COPY OF CURRENT PG&E or AT&T BILL**

## PLEASE INITIAL:

\_\_\_\_\_ I understand this application is effective for the 2025 / 2026 program year. My application expires on June 30, 2026.

\_\_\_\_\_ I understand I must resubmit and requalify, every June, for program participation, by filling out an application, and attaching **current proof** of participation in the PG&E Customer Care Program or AT&T Lifeline program.

\_\_\_\_\_  
Customer Signature

.....  
STAFF USE ONLY

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date