



CITY OF PLACERVILLE LIFELINE ASSISTANCE PROGRAM CUSTOMER APPLICATION

Date: _____

Program Year: 2026 / 2027

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 2026 / 2027 program year. My application expires on June 30, 2027.

_____ 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