



KPUB Burned Veterans' Discount Application

The Burned Veterans' Discount Application program provides for a \$90.00 per month discount to qualified residential electric customers for the months of April through October of each year. In order to be eligible, all the following conditions must be met:

- Applicant is a military veteran who has significantly decreased ability to regulate his or her body's core temperature because of severe burns received during armed conflict or in combat.
- Applicant shall complete the Burned Veterans' Discount Application and provide confirmation from a military medical facility that they meet the above criteria. Medical confirmation will be required every 12 months to continue program participation.
- Only the applicants' primary residence that he or she currently occupies is eligible for the discount. This discount will apply even if the veteran is not the customer of record.

If the Applicant meets the above stated conditions, the Applicant shall complete Part A. Part B must be completed and submitted by a physician of a military medical facility indicating that the Applicant meets the first bullet requirements.

Please insure all information is correct and provided in a timely manner.

If you have any questions, please call KPUB at (830) 257-3050 and speak to a Customer Service Representative.

Part A: Account Holder Information

Account Holder Name: _____ Phone Number: _____

Mailing Address: _____ City/Zip: _____

KPUB Account Number: _____ Account Holder Signature: _____

Applicant's Signature: _____

Applicant's Relationship to Account Holder: _____ Applicant currently resides at: _____

Part B: Physician Information

Patient's Name: _____ Date of Birth: _____

Physician Name: _____ Telephone Number: _____

Mailing Address: _____ City/Zip: _____

Physician Certification:

I hereby certify that the Patient who is applying to KPUB's Burned Veterans' Discount Application is a military veteran who has a significantly decreased ability to regulate his or her body's core temperature because of severe burns received during armed conflict or in combat.

Physician's Signature: _____ Date: _____

KPUB Personnel Only

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

KPUB Account Number: _____

Return Completed Application to:

KPUB

P.O. Box 294999, Kerrville, Texas 78029-4999 or fax (830) 257-8078

Attention: Customer Service Department

KPUB reserves the right to change program.