



Acacia Energy Burned Veteran's Discount Application

The Burned Veterans' Discount program provides for up to a \$90.00 discount to qualified electric rate customers for the months of April to October of every year. In order to be eligible, all the following conditions must be met:

- Applicant must be 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.
- Applicant must provide confirmation from a military medical facility that the Applicant has a significantly decreased ability to regulate his or her body's core temperature due to severe burns. The Applicant must provide medical confirmation every 12 months to continue participation in the Program.
- The discount may only be used on the Applicant's energy account at their primary residence where they currently reside. The discount will apply even if the veteran is not the customer of record.

If the Applicant meets the above-stated conditions, 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 requirement.

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

If you have any questions, please call Acacia Energy at 877-997-2946 to speak to Customer Service.

Part A: Account Holder Information

Account Holder Name: _____	Telephone #: _____
Address: _____	City/State: _____ Zipcode: _____
Acacia Account #: _____	Applicant's Relationship to Account Holder: _____
Applicant Currently Resides at: _____	

Part B: Physician Information

Patient's Name: _____	Date of Birth: _____
Physician Name: _____	Telephone #: _____
Address: _____	
Physician's Certification:	
I hereby certify that the patient who is applying to Acacia Energy's Burned Veterans' Discount Program 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

For Acacia Energy Representative:

Received By: _____	Date: _____
Approved By: _____	Date: _____