

Would you like information on available financial assistance options to help pay your utility bill? Yes: ____ No: ____

If yes, a representative will contact you to discuss aid and program options.

Sign: _____

Date: _____

Detach this sheet and mail to:

City of Richmond
Department of Public Utilities
Customer Service Division
730 E. Broad Street, 5th Floor
Richmond, VA 23219

Drop off locations:

- East District Initiative (EDI)
701 North 25th Street
- City Hall, Room 115
900 East Broad Street

Phone: (804) 646-4646

Fax: (804) 646-4477

www.RVA.gov/public-utilities



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DPU is here for you!



DEPARTMENT OF
**PUBLIC
UTILITIES**

Senior Care Program



Opportunities for Richmond
Metropolitan residents 65 years
and older.



DEPARTMENT OF
**PUBLIC
UTILITIES**

The City of Richmond Department of Public Utilities is committed to providing exceptional value and superior utility service to our customers.

All seniors registered in the Department of Public Utilities Senior Care Program are eligible for the following benefits, which apply to the primary residence in which the senior account holder resides:

Winter Service Assurance

Any shut-off orders between December 1 and March 31 are suspended.

Security Deposit Waiver

Deposits are waived for transferring and restoring services for seniors.

No Senior Fees

Customers whose accounts are marked as seniors will not incur any late fees.



Weatherization Kit Giveaway

Kits containing energy saving items such as weatherstripping and window covers are made available each fall.

Third Party Notification

Seniors can designate a third party to receive a copy of their utility bill or to inquire about past due balances on their behalf.

For more information, call
(804) 646-4646

Attention Seniors!

If you are a senior, 65 years of age or older and a Department of Public Utilities customer, you can take advantage of these programs by filling out the following information. Your account will be identified accordingly.

Name: _____
first middle int.
_____ last

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Public Utilities Account #: (if known)

Age: _____ Date of Birth: _____
mm/dd/yy

see reverse side for more