Application for Senior Citizens

Solid Waste Collection Reduced Rate

NAME: _____

ADDRESS: _____

_____

AGE: _____ **PHONE:** _____

In order to qualify for reduced solid waste collection rates, I hereby certify to the following:

- ☐ I am or will be 65 years of age or older by November 1st of the current year
  - ➢ ***Please attach a COPY of your driver's license or birth certificate***
- ☐ I am the property owner at the above address and qualify for homestead exemption.
- ☐ No more than two people reside in the dwelling.
- ☐ I understand that if I am eligible, my garbage collection will be reduced to **once-per-week service**, to be picked up on the first day of weekly collection service for the route which services the address.
- ☐ I understand that I am committed to the program for one year at a time.
- ☐ I understand that I will need to apply annually to be eligible for the senior discount.

_____ _____

Signature of Applicant Printed Name

On this _____day of _____, 20____, before me personally appeared _____, known to be the person(s) who executed the foregoing instrument, and acknowledged that (he, she, they) executed the same as (his, her, their) free act and deed.

_____

Notary Signature