



Senior Citizens Solid Waste Collection Reduced Rate

ACCT # _____

NAME: _____

ADDRESS: _____

AGE: _____ PRIMARY 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 and reside within the city limits of Niceville.
- No more than two people reside in the dwelling.
- I understand that I am committed to the program for one year unless my qualifications change. No yearly renewal is necessary if I still meet the qualification requirements.**

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