

APPLICATION FOR REDUCED SANITATION RATE BY REASON OF AGE

DATE: _____

NAME OF CUSTOMER: _____ BIRTH DATE: _____

NAME OF SPOUSE (IF APPLICATION IS BEING MADE DUE TO SPOUSE'S AGE):

_____ BIRTH DATE: _____

PROPERTY ADDRESS: _____

TELEPHONE NO.: _____

IS THE ABOVE ADDRESS YOUR RESIDENCE? YES _____ NO _____

TYPE OF RESIDENCE: SINGLE FAMILY _____ DUPLEX _____ APT. _____

MOBILE HOME _____ OTHER _____

ARE YOU THE OWNER OF OR PRIMARILY RESPONSIBLE FOR THE RENT OF THE ABOVE RESIDENCE? YES _____ NO _____

SOCIAL SECURITY # _____ SPOUSE'S # _____

I _____ HEREBY SWEAR (AFFIRM) UNDER PENALTY OF PERJURY THAT I AM THE HEAD OF HOUSEHOLD AT THE ABOVE PROPERTY ADDRESS; THAT I (MY SPOUSE) IS AGE 65 OR OLDER; AND THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. IF APPLICATION IS BEING MADE DUE TO SPOUSE'S AGE, BOTH MUST SIGN.

APPLICANT _____ WITNESS _____

SPOUSE _____ WITNESS _____

FOR CLERK'S USE

ACCOUNT # _____