

City of Richmond

Application for Senior Citizen Solid Waste Discount

Date of Application _____ Account No.: _____

Name on Water/Sewer/Trash Statement: _____

Service Address _____

Date of Birth _____ Phone No.: _____

I hereby apply for a Senior Discount of \$2.00 per month for solid waste disposal at my primary residence listed above. I declare that the information provided to the City of Richmond is true, correct and complete. Additionally, I certify that I am the principal resident at the above listed property and have a deposit on file with the City of Richmond for water service requiring me to pay for solid waste (trash) collections. If contract for solid waste disposal changes this application may be void. Discount will not be applied during billing cycle.

- I am 65 or older.
- Proof of applicants' age (driver's license, birth certificate or other identification).
- Senior citizen discount must be renewed annually.
- Application will be verified each year.
- Discount will only apply for single or couple living at residence. Others living at residence will void application and discount.

I wish to participate in the recycling program. Yes/No _____

Signature (required)