City of Richmond 205 Summit Street Richmond, MO 64085 (816) 776-5304 (816) 776-8216 – Fax www.cityofrichmondmo.org

Office Use Only (Copy of identification)



	Application for Senior Citizen Solid Waste Discount
Customer Name	
Account Number	
Service Address	
Phone Number	Date of Birth
E-Mail Address	
Terms and Conditions	:
identification) • Discount will or	older ant's age will be required (driver's license, birth certificate, or other anty apply for a single person or couple living at a residence. Others idence will void the application and discount.
listed above. I declare t Additionally, I certify that the City of Richmond for u	r Discount of \$2.00 per month for solid waste (trash) collection at my primary residence hat the information provided to the City of Richmond is true, correct and complete. I am the principal resident at the above listed property and have a deposit on file with stility service requiring me to pay for solid waste collection. If the City's contract for solid, this application may be void. Discount will not be applied during the current billing
Signature	Date

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