



Application for SENIOR RATE Residential Solid Waste
City of Cartersville

Application for Residential Solid Waste Senior Rate Exemption for persons 65 years of age or older.

Name: _____

Address: _____

Phone Number: _____

Customer ID: _____

Location ID: _____

In accordance with City Ordinance #24-00, voted on and approved by the City Council in the June 15, 2000 regular meeting, I hereby make application for the exemption and in support thereof submit the following information:

Date of Birth: _____

Social Security Number: _____

Physicians Statement as to Total Disability
(attach copy)

Documents used for age verification:

- Georgia Drivers License
- Birth Certificate
- Other

AFFIDAVIT OF CLAIMANT

I, the undersigned claimant, do solemnly swear that the above statements made in support of this application are true and correct, for which this exemption is claimed. I am 65 years of age or older.

_____ 20 _____
EFFECTIVE DATE

CLAIMANT

CITY CLERK OR AUTHORIZED OFFICAL