

APPLICATION FOR REDUCED RATE FOR SOLID WASTE
AND RECYCLING COLLECTION BY ALLIED WASTE

APPLICANT INFORMATION

Name: _____

Address: _____

Phone #: _____

The above named individual hereby makes application to the City of Hoschton for a reduced rate for the weekly collection of solid waste and recyclable material. The above named applicant, in order to receive the reduced rate for waste and recyclable material collection, hereby certify to the city of Hoschton that: (check the appropriate line)

- _____ (1) (He/She/They) (is/are) over the age of sixty-five (65)
(Proof of age may be required by the City) and/or
- _____ (2) (He/She/They) (is/are) physically or mentally disabled to a degree that would prevent such individual(s) from safely taking such waste or recyclable materials to the street for weekly pick-up. (Proof of disability may be required by the City)

The above-listed applicant(s) state that the information presented on this application is true and that said applicant will present to the City any further documents or material, if requested, needed to substantiate the information requested on this application. The above listed applicant(s) further understand that he/she./they may be liable for penalties should any false or fraudulent statement or representation be made in connection with this application, and that the City of Hoschton may revoke the reduced rate at any time because of such representations.

Applicant

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For Office Use Only:

Date of application _____

Type of Proof: Drivers License •

Approved this ____ day of _____, 2006

Other: _____