SENIOR CITIZEN & DISABLED SOLID WASTE FEE REDUCTION APPLICATION

	Return to:		d Waste Office al Park Dr SE 56601		
Parcel Number:					
Payable Year:					
Applicant is owner/occu	pier of proper	tyYes. If	No Stop*		
Applicant is age 65 or o	lder <u>Y</u> es,	or Disabled**			
**Applicants filing as o If you cannot answer y *Eligibility is extended	ves to at least	one of the abo	ove, stop. You ar	sability. e not eligible for a reduction	n.
Name:			-	Number in Household	
Address:				SSN:	
Income Information inc Recipient Name	ludes the inc	ome from all he	ousehold membe	ers: Annual Income	
			licated above are	₿ e accurate and complete an will be done every three ye	d that the there are
Signed				Date	
Approved()	Denied()		Office Use Only Revised Amount		
Signed		_		Date	