LAWRENCEVILLE
GEORGIA

CITY OF LAWRENCEVILLE
SANITATION DEPARTMENT

SENIOR CITIZEN DISCOUNT APPLICATION

Name _____ Number of individuals including yourself living in dwelling _____

Name of account on bill if different from above _____

Address _____ Phone _____

Birthdate _____ Proof of Birthdate _____

List all individuals including yourself living at this address:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Place of employment of all individuals at this address:

_____

_____

AFFIDAVIT OF CLAIMANT

I, the undersigned claimant, do solemnly swear that the above statements made in support of this application are true and correct, that I actually occupy this residence for which this reduced service is claimed, that I am 65 years of age or older, that there are no more than two people living in the residence for which the reduced garbage rate is claimed, that neither person is a child unless the child is disabled, and that no transaction has been made in collusion with another for the purpose of obtaining this service contrary to law.

Date _____ Signature _____

**********INTERNAL CONTROL**********

Name of Account _____

Approved _____

Account Number