



City of Monroe, Louisiana
MAYOR - COUNCIL GOVERNMENT

UTILITY OPERATIONS DIVISION
DEPARTMENT OF ADMINISTRATION
P.O. Box 123
MONROE, LOUISIANA 71210-0123

UTILITY OPERATIONS DIVISION
(318)329-2312
FAX NUMBER
(318) 329-3358

SENIOR CITIZEN TRASH CONTAINER DISCOUNT

NAME: _____

ADDRESS: _____

ACCOUNT # (First # on your bill): _____

CUSTOMER # (Second # on your bill): _____

DATE OF BIRTH: ____ / ____ / ____ AGE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

If you receive any of the following, please write the account number.

*SUPPLEMENTAL SECURITY INCOME (SSI) # _____

*MEDICAID# _____

*FOOD STAMP CARD # _____

Senior Citizens may qualify for either of the following two discounts:

- Customers who are **62 or older** and **not receiving** *SSI, *MEDICAID, or *FOOD STAMPS will qualify for a rate of \$10.00 per month.
- Customers who are **62 or older** and **receiving** at least one of the following: *SSI, *MEDICAID, or *FOOD STAMPS will qualify for a rate of \$7.00 per month.

Senior Citizens with the **special rate** must provide proof of documentation of one of the above (*) three criteria to qualify for the special discount rate.

YOU MUST BE SIGNED UP TO BE QUALIFIED FOR ANY DISCOUNTS.

I declare under the penalties prescribed by law that the above statements are true and correct. If I apply for any of the three qualifications, I will notify the City of Monroe if I had failed to meet at least one at the time of this application.

APPLICANT SIGNATURE: _____ DATE: _____