



CITY OF MONROE

# City of Monroe, Louisiana

MAYOR - COUNCIL GOVERNMENT

UTILITY OPERATIONS DIVISION  
DEPARTMENT OF  
ADMINISTRATION P.O. Box 1743  
MONROE, LOUISIANA 71210-0123

UTILITY OPERATIONS DIVISION  
(318)329-2220  
FAX NUMBER  
(318) 329-3358

## SENIOR CITIZEN GARBAGE CONTAINER DISCOUNT

New Application

Application Renewal

**NAME:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**ACCOUNT #** (First # on your bill): \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**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:** \_\_\_\_\_

Office Use Only: CSR Initials: _____	Date Received: _____
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