

Account Number \_\_\_\_\_

**City of Great Falls Utility Billing Department**  
**PO Box 5021**  
**Great Falls, MT 59403**

**APPLICATION FOR DISCOUNTED SENIOR CITIZEN SANITATION SERVICE RATE**

(Please type or print legibly)

NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NUMBER OF YEARS AT THIS ADDRESS \_\_\_\_\_ NUMBER OF PEOPLE IN HOUSEHOLD \_\_\_\_\_

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**ELIGIBILITY AND REQUIREMENTS:**

To qualify for this special reduced senior citizen refuse collection/disposal rate, applicants must meet the following criteria:

1. BE AT LEAST 65 YEARS OF AGE.
2. BE THE PRINCIPAL RESIDENCE/OCCUPANT OF PREMISES.

**CERTIFICATION:**

I, the undersigned, certify subject to penalty under law, that the above information, inclusive of age and domicile, is true and correct and that the provisions under which this special rate is granted are accepted and agreed to; and that I will comply with all provisions of the City's refuse regulations.

I further understand that falsification of information or failure to meet above requirements will result in immediate reinstatement of the full service refuse rate and constitutes a misdemeanor by law.

Verifications by the City may be obtained from any source.

SIGNATURE OF APPLICANT \_\_\_\_\_