

City of Lancaster Waste and Recycling Bill

Service Location: _____
(This is the “Service Location” address found on the front of your Trash and Recycling bill, not the mailing address for the bill.)

Your Account Number: _____
(This is the 13-digit “Account No.” found on the front of your Trash and Recycling bill.)

VERIFICATION OF SENIOR DISCOUNT ELIGIBILITY

The 20% Senior Discount is available only for seniors who both own **and** reside in the property. You must be 65 or older to be eligible for the Senior Discount. If only one of the owner/occupants of a property is aged 65 or older, you will qualify for the Senior Discount.

By signing below, I hereby certify that _____ (name of eligible senior) is both an owner **and** resident of the above named property; that this individual is age 65 or older; that I am one of the owners of the property and that I am authorized to file this form on behalf of all other owners.

By signing below, I certify that I have attached a true and correct copy of one of the following identification cards/forms as proof of age and address of the above named owner/occupier of this property:

- Driver’s License
- Pennsylvania PACE Card
- Medicaid Card
- Other identification that includes proof of age and address

All Persons signing this form are notified that this document constitutes an official government record and that falsification of this is a criminal offense under the Pennsylvania Crimes Code. I understand that providing false or misleading information in an attempt to obtain an Exemption or Senior Discount is an offense punishable by fine and other penalties. False statements made herein are subject to prosecution pursuant to the Pennsylvania Crimes Code, 18 Pa. C.S.A. §4904.

Property Owner Verification

Owner’s Signature _____

Owner’s Printed Name _____

Owner’s Mailing Address _____

Owner’s Daytime Phone # _____

For Official Use Only

Information Verified: Yes No

Additional Documentation Needed:

Verified By: _____