



SENIOR CITIZEN DISCOUNT APPLICATION FOR GARBAGE SERVICE

DATE: _____

NAME: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

DISCOUNT AMOUNT: \$1.00

CERTIFICATION USED TO VERIFY DATE OF BIRTH:

- DRIVER'S LICENSE
- BIRTH CERTIFICATE
- PASS PORT
- MILITARY ID
- OTHER

CUSTOMER SIGNATURE: _____

SUBMITTED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

SERVICE ADDED BY: _____ DATE _____

Please submit this form along with proof of age to:

City Hall
305 Cecil G. Costin Sr., Blvd
Port St. Joe, Florida 32456