

CITY OF ALPHARETTA
SENIOR & SPECIAL NEEDS APPLICATION FOR SANITATION

The City of Alpharetta offers the following sanitation fee reduction, exemption and/or additional service to assist customers with special needs. Please check the reduction, exemption and/or special service you wish to apply for and provide the listed items for each item marked. Applicant must attach a copy of one of the following as proof of age and residence: Copy of driver's license or Identification Card (The address on the I.D. must match the property address on the application).

Customer Name: _____

Account #: _____ Daytime Phone# _____

Street Address: _____

(City)

(State)

(Zip code)

SENIOR REDUCTION/DISABILITY - \$26.25 every three months

The City provides a one-third (1/3) reduction in residential curb-side garbage collection and recycling for each residential unit in which the primary wage earner is age sixty-five (65) or older or disabled. The following information is required:

Applicant's Date of Birth: _____

SENIOR & DISABILITY EXEMPTION - Full Exemption

Primary wage earners who are sixty-five (65) years of age or older or disabled may also qualify for a full exemption from collection fees if the primary wage earners in the residential unit have a combined total income equal to or less than the established poverty level. The "poverty" level shall be the amount established from time to time by the United States Government. Please provide the following information:

[] Total annual income (less Social Security benefits) of Primary Wage Earner
\$ _____

[] Total annual income (less Social Security benefits of Spouse if living in the same household \$ _____

DISABILITY & BACKDOOR PICK-UP SERVICE- \$26.25 every three months

The City will provide backdoor pick-up service for customers that may have a disability that prevents them from being able to take care of their sanitation needs on their own. Proof of disability must be provided by one of the following:

[] Department of Public Safety Handicap I.D. card

[] Disabled Veterans I.D. card

[] Letter from personal physician stating disability on professional letterhead

___ I choose to take the disability rate but do not need backdoor pick-up at this time.

The undersigned certifies, under penalty of law that the information provided above and given in support of this application is true and correct.

Applicant Signature: _____

Date: _____

(Rev. 1115)

*****Application for sanitation senior discount will be effective the NEXT billing cycle. ***
Seniors 65 or over may also qualify for certain property tax exemptions. Please contact the City of Alpharetta at 678-297-6060 (option 0) for more information.**