

Dear Property Owner:

At your request, enclosed please find the Application for Elderly Water & Trash/Refuse Discount for **single family properties which you currently reside in.**

Kindly execute the form and return it to the Water Department for review along with the following documentation:

1. Deed to the property in your name;
2. If held in trust, a complete copy of your trust document, including beneficiary page and;
3. Either a copy of your birth certificate **OR** a copy of your passport showing date of birth.

When all of these documents are received, reviewed (Trusts are reviewed by the Law Department for eligibility) and processed – **You will begin receiving the discount immediately on your next quarterly bill unless the account is in an active bill run, in which case you will receive the discount on your next subsequent quarterly billing.**

Please leave your 64 gallon trash/refuse toter beside your home in plain view and it will be changed out automatically with a 32 gallon trash/refuse toter within 1-2 weeks of your property being designated as Elderly by the Department of Public Works. Alternatively, if you choose to **not receive** the trash/refuse portion of the discount, kindly execute and return the supplemental “Department of Public Works” form which allows you to opt out.

If you have any questions, please do not hesitate to contact the Water Utility.

Thank you.



**APPLICATION FOR ELDERLY (AGE 65 OR OVER)
 WATER, SEWER & REFUSE DISCOUNT FOR SINGLE FAMILY PROPERTY**

PROPERTY ADDRESS: _____ ACCOUNT #: _____ ROUTE: _____

I, _____ hereby apply for an elderly (age 65 or over) discount for
 (please print)
 water and trash/refuse on the above property and hereby state under penalty of perjury as follows:

I, _____ am an owner of a single family dwelling at
 (please print)
 _____, Lowell, MA _____. I certify that said dwelling is listed
 (address) (zip)
 as a single family property by the City Assessor's Office.

I certify that I am age 65 years or older as of the date of this application and a copy of my birth certificate OR passport (photo page) is attached hereto.

I certify that I am an owner of record of said property as of the date of this application and a copy of my deed showing ownership is attached hereto. (If my property is held in a trust - I have also attached the trust document hereto including the list of beneficiaries. I understand that the Law Department will make a decision on eligibility based on review of such trust documents.)

_____ I certify that I personally reside in said property as of the date of this application.
 (initial)

I understand that this discount shall apply to water, sewer and refuse, unless I "opt-out" of the refuse portion of the discount with the additional form attached hereto.

I further understand and agree that if there is any change in my residence or ownership of said property during the year of this application that I (or my survivor) shall notify the Water Utility in writing as of the date of such change.

Signed under penalty of perjury on the date below.

X _____
 (APPLICANT SIGNATURE) (DATE) ***REQUIRED*** (TELEPHONE NUMBER)

OFFICE USE ONLY:
 ENTERED BY: _____ DATE: _____

**DEPARTMENT OF PUBLIC WORKS
REFUSE/TRASH ELDERLY DISCOUNT**

(ALL FORMS MUST BE COMPLETED IN ORDER TO PROCESS YOUR REQUEST)

OWNER NAME: _____ ACCOUNT #: _____

SERVICE ADDRESS: _____

Select Cart Option:

LARGE CARTS: \$31.25/Quarter-\$125.00/ year

64 Gallon Trash & 96 Gallon Recycle

SMALL (DISCOUNT) CARTS: \$8.00/Quarter- \$32.00/ Year

35 Gallon Trash & 64 Gallon Recycle



Picture to show size difference, not actual color

96G Dimensions:
Height-46"
Width-23"
Depth-31.5"

64G Dimensions:
Height-44"
Width-19"
Depth-26.5"

35G Dimensions:
Height-37.5"
Width-19"
Depth-23.75"

NOTE: Signing of the form allows the city to bill the effective rate for your refuse service based upon your selection above. If you choose to accept the refuse discount, DPW will be notified to exchange the carts.

****ELIGIBLE DISCOUNTS WILL TAKE EFFECT ONCE SUCCESSFUL EXCHANGE OF THE CARTS HAS BEEN MADE. IF YOUR ACCOUNT IS IN AN ACTIVE BILL RUN YOU WILL RECEIVE THE DISCOUNT ON YOUR NEXT QUARTERLY BILL. TO ENSURE THIS IS COMPLETED IN A TIMELY MANNER, PLEASE KEEP CARTS ACCESSIBLE SO AN EXCHANGE CAN BE MADE.****

SIGNATURE OF OWNER (REQUIRED)

DATE (REQUIRED)

TELEPHONE# (REQUIRED)