

THE CITY OF LOWELL, MA

Department of Public Works

APPLICATION FOR ELDERLY (AGE 65 OR OVER)
TRASH BILL DISCOUNT FOR DUPLEX PROPERTIES

PROPERTY: _____ ACCOUNT NO: _____
ROUTE NO: . _____

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

I, _____, am an owner of a duplex dwelling at

Lowell, MA _____. I certify said dwelling is listed as a duplex by the City Assessors.

I certify that ___ I am ___ I and my tenant ___ my tenant are/is age 65 years of age or older and have record (s) of certified copy/copies of record of birth on file at The Department of Public Works;

I certify that I am an owner of record of said property as of the date of this application and have a copy of my deed proving ownership on file at The Department of Public Works Office (or other acceptable proof of ownership);

___ I certify that I personally reside and live in said property as of the date of this application.

___ I certify that my tenant resides in said property as of the date of application and attach a notarized letter stating this fact.

I understand that I must refile this application annually as of June 1st of each year hereafter.

I understand that this discount shall apply to trash use after July 1, 2005.

I further understand and agree that if there is any change in my/tenant residence or ownership of said property during the year of this application that I shall notify the Public Works Department in writing as of the date of such change.

Signed under penalty of perjury on the date below.

X _____ X _____
APPLICANT SIGNATURE DATE

OFFICE USE ONLY:

Entered by _____
Date Entered _____

Fiscal Year 2006
(July 1, 2005 thru June 30, 2006)