



209 S. Main Street • Marysville, Ohio 43040
Phone: (937) 645-7350 • Fax: (937) 645-7353 • www.marysvilleohio.org

**APPLICATION FOR
SENIOR DISCOUNT – TRASH SERVICES ONLY**

Please Print Clearly

Applicant: _____ Account Number: _____

Applicant's Address (street): _____ Marysville, OH 43040

Applicant's Telephone Number: _____ Applicant's E-Mail Address: _____

Applicants Date of Birth: _____
Month Day Year

Please provide BOTH of the following:

(You may provide a copy of this information by mail or bring it to City Hall for verification.)

- Proof of Age** (driver's license or birth certificate)
- Proof of Address** (driver's license or property information or utility contract with City)

By signing below, I hereby certify that I have achieved or exceed the age of 65. I also certify that the residence identified above is my primary residence and in applying for the senior discount I will be receiving the direct benefit of the reduction in the trash collection pricing.

I hereby attest to the truth and exactness of all information supplied on this application and understand all information as specified in the above.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Received (stamp):

Proof of age confirmed: Yes No

Verifying Employees' Signature

Confirmed as primary address of applicant: Yes No

Confirmed how: Auditor Site LL/Tenant Contract

Verifying Employees' Signature

Approved By

Date