

HILLSBOROUGH COUNTY
SOLID WASTE ANNUAL DISPOSAL ASSESSMENT
SENIOR CITIZEN DISCOUNT APPLICATION

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNERSHIP VERIFICATION

PROPERTY FOLIO NUMBER (FROM CURRENT TAX BILL): _____

AGE VERIFICATION (If you are listing a driver's license issued outside the State of FL, please provide a copy)

DATE OF BIRTH _____ AGE _____

DRIVER LICENSE NUMBER _____ STATE _____

YOU MUST APPLY FOR THE SENIOR CITIZEN DISCOUNT ON OR BEFORE MAY 12th TO RECEIVE THE DISCOUNT ON YOUR NEXT ANNUAL BILLING CYCLE IN NOVEMBER OF THE CURRENT CALENDAR YEAR.

Please mail your completed application to:

Hillsborough County
Public Utilities Department
ATTN: Francene Ross-Lewis
P.O. Box 342456
Tampa, Florida 33694

NOTICE: Pursuant to Florida 125.69, any person who violates the provisions of Hillsborough County Ordinance County Ordinance 86-23 shall be prosecuted in the same manner as misdemeanors are prosecuted and upon conviction shall be punished by a fine not to exceed FIVE HUNDRED DOLLARS (\$500.00) or by imprisonment in the County Jail not to exceed sixty (60) days or by both such fine and imprisonment.

I hereby make application for the Senior Citizen Discount for the Solid Waste Annual Disposal Service Charge and affirm that I do qualify for same under Hillsborough County Ordinance 86-23. I own and occupy the Residential Unit described above and will be 65 years or older by January of next calendar year and have read or had read to me the contents of this form.

SIGNATURE OF APPLICANT _____

DATE _____ PHONE NUMBER _____