



SENIOR CITIZEN DISCOUNT APPLICATION

DATE: _____

Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Date of Birth: _____

E-Mail Address: _____

Please check the type of residence you own from the list:

- Single Family Duplex Triplex Four-Plex

PROOF OF ELIGIBILITY:

Alaska Driver's License Number: _____

City of Fairbanks Refuse Account Number: _____

RULES

1. A "qualified Senior Citizen" may apply to the Office of the City Clerk or the City of Fairbanks Finance Department for a Senior Citizen rate. The Senior Citizen discount is addressed in Fairbanks General Code Sec. 66-23, and the rate is as provided in the City's Schedule of Fees and Charges for Services. The rate will become effective on the first billing quarter following a qualified filing.
2. A "qualified Senior Citizen" shall be defined as a person age sixty-five (65) and older. **Proof of age is required** (picture identification preferred). As qualified senior need not apply for successive years if there is no change in permanent place of abode and no change as to the owner of record.
3. The senior citizen must be the legal owner of the residence and must occupy the residence for which the rate will be applied; only the primary residence will be eligible for the senior rate.
4. Widow/widower clause: The senior rate will continue if a widow/widower is at least 60 years old, occupies the property as a permanent place of abode and is the owner of record for the property receiving the service. The widow or widower is required to file a new application.
5. The City or its designee may suspend the rate if for any reason the above rules are violated.

SENIOR CITIZEN STATEMENT OF ACKNOWLEDGEMENT

I, _____ understand that only senior citizens using the City Refuse Collection System are eligible for the Senior Citizen rate. I further understand and agree to the rules of qualification for the Senior Citizen Refuse Rate as per City of Fairbanks Ordinance No. 5869. I certify I am sixty-five (65) years of age or older, or a qualified widow/widower, I am the owner of the premises and occupy said residence.

I UNDERSTAND:

I am responsible to notify the City of Fairbanks Finance Office of any changes to my eligibility for the Senior Citizen Rate (i.e., change of residence, change of ownership.)

AND

I know it is my responsibility to keep all City account(s) in a current status. The senior rate will be revoked if a City account(s) is delinquent.

Signature of Applicant

Date

Before me, a Notary Public in and for the State of Alaska, on the _____ day of _____, 20____, personally appeared _____, known to me to be the same individual who signed the foregoing Application, and has acknowledged to me that the same was signed freely and voluntarily for the uses and purposes set out herein. IN WITNESS WHEREOF, I have hereunto signed and affixed by official seal on the day first hereinabove written.

(SEAL)

NOTARY PUBLIC in and for ALASKA

My Commission Expires: _____

PLEASE NOTE: IF NOT APPEARING IN PERSON, A COPY OF PHOTO ID MUST BE ATTACHED TO YOUR APPLICATION TO VERIFY DATE OF BIRTH.

For Finance Use Only:

Date Received: __/__/____ Date Exemption Code Entered: __/__/____ Balance: _____ Staff Initials: _____