



**CITY OF FLORESVILLE
APPLICATION
FOR
SENIOR CITIZEN REFUSE DISCOUNT
RESOLUTION 2018-003**

CUSTOMER NAME	CUSTOMER ACCOUNT NUMBER	SERVICE ADDRESS

CUSTOMER SIGNATURE:

For Text or Phone Alert & Reminders

Phone: _____

Cell: _____

APPROVED _____ **DENIED** _____

If denied, state reason: _____

CITY APPROVER'S SIGNATURE:

Note: Service and ID Address must be the same to be approved. Must be 65 or over to qualify for the \$3.00 refuse discount. Proof of age must be presented with ID that is the same as service address.