

**CITY OF CORRY  
RESIDENTIAL REFUSE BILLING  
APPLICATION FOR SENIOR CITIZEN DISCOUNT**

Please print legibly. Blanks left unanswered will void the application. If all persons who are associated with this location either by being the account holder or residing at this location, are 65 years of age or older will be given a reduced rate for monthly sewer & refuse service. The reduced rate is set by City Council Resolution.

NAME (Account Holder) \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: (Residence)

\_\_\_\_\_

ADDRESS: (Mailing)

\_\_\_\_\_

OTHER PERSONS LIVING AT THIS ADDRESS (IF NONE, WRITE "NONE" ON FIRST LINE)

Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

CERTIFY: The undersigned hereby certify, subject to the penalties of perjury, that the facts set forth above are complete, true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This application must be submitted to the City of Corry at 100 S. Center St, Corry, PA 16407. It can take up to two billing cycles before you see the discounted rates.

Internal use only

Date Approved: \_\_\_\_\_ BY: \_\_\_\_\_