



ACCOUNT# _____

10801 Town Square Drive NE
Blaine, MN 55449
(763) 785-6141

Application for Reduced Garbage Rates

I, the undersigned, declare under penalty of perjury that I am a citizen of Blaine who qualifies for reduced garbage charges as provided in Section 62-33 (f): (1)(2) of the City Code, as amended.

Date: _____

Signature: _____

Address: _____

Extracted from City Code Section 62-33 (f) (1) (2):

Section 62-33 Reduced rate for senior citizens with a hardship:

- (1) The refuse and recycling collection service charges shall be reduced by one-half for any dwelling unit (excluding manufactured homes and apartment buildings) which is principally occupied by:
 - a. Persons who are 65 years of age or older who meet the hardship conditions.
- (2) A hardship shall be deemed to exist when all the following apply:
 - a. The annual gross income of the household according to its most recent federal income tax return does not exceed the Federal Poverty Income Guidelines for a family of four, plus \$3,000. If no such return was filed, the clerk shall require the applicant to submit other documentation to show that this qualification is met.

The annual income of my household is as follows:

Salaries & Wages	\$ _____
Social Security	\$ _____
Pension	\$ _____

Total	\$ _____
(Must not exceed \$25,350)	

***** Garbage rate will be reduced to \$20.48 effective on your next billing after completed form is received in our office