
ROUTE NUMBER

CITY OF ALEXANDRIA
ALEXANDRIA, LOUISIANA
PENALTY EXEMPT FORM

DATE

ACCOUNT NO. _____ NAME: _____

ADDRESS: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO. _____ TELEPHONE NO. _____

REQUIRMENTS:

1. PICTURE I.D.
2. DISABILITY DOCUMENTS

I QUALIFY FOR THE REDUCE RATE FOR THE REASON CHECKED:

() 65 or OLDER () DISABLED

EMPLOYEE SIGNATURE

FORM # 1184

SIGNATURE OF APPLICANT



APPLICATION FOR REDUCED RATE RESIDENTIAL SANITATION SERVICE

Customer Name: _____ Acct. #: _____

Service Address: _____ Alexandria, LA _____

By my signature below I certify the following; please check all that apply:

_____ I am aged 65 and older. *(Please attach copy of Driver's License, Photo ID, or Birth Certificate.)*

_____ I am handicapped. *(Please attach physician's statement or Social Security disability determination.)*

Further, I certify my household meets the criteria of financial need as indicated below; please check only ONE:

	<u>Number of Persons</u>	<u>Annual Gross Income</u>
_____	1	\$28,000 or less
_____	2	\$28,001-\$32,000
_____	3	\$32,001-\$36,000
_____	4	\$36,001-\$40,000
_____	5	\$40,001-\$43,200
_____	6	\$43,201-\$46,400
_____	7	\$46,401-\$49,600
_____	8	\$49,601-\$52,800

(Please attach check stub, employer's statement, Social Security statement, or other proof of income.)

Applicant's Signature

Date