

**TOWN OF BRUDERHEIM
APPLICATION FOR SENIORS RECYCLING**

NAME OF OWNER _____

MAILING ADDRESS: _____

_____ POSTAL CODE: _____

CIVIC ADDRESS _____

HOME PHONE: _____

DATE OF APPLICATION

DAY _____ MONTH _____ YEAR _____

Please note that this service being provided is *free of charge* for Senior Citizens only. It is your responsibility to ensure that the Town of Bruderheim has the appropriate information to apply a credit to your account, if you are indeed a Senior Citizen.

Senior I.D. verified _____
(Initial)

Signature of Owner