

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.

Senior I.D. verified _____
(Initial)

Signature of Owner