

**CITY OF FLORENCE, MISSISSIPPI  
PUBLIC WORKS DEPARTMENT  
PO Box 187, Florence MS 39073  
601-845-3542**

**APPLICATION FOR RATE REDUCTION IN SOLID WASTE DISPOSAL**

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Account Number: \_\_\_\_\_

I, \_\_\_\_\_, being an applicant for a reduction in rate from the fee charged for garbage and trash collection, do hereby offer proof of eligibility. The additional exemption sought is due to:

\_\_\_\_\_ 65 Years of Age and over (Copy of Driver License REQUIRED)

-or-

\_\_\_\_\_ 100% Disability (Copy of Letter from Social Security stating 100% disabled REQUIRED)

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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**Applicant is to only fill out the top portion of this form.**

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-THIS PORTION IS FOR USE BY CITY OF FLORENCE PUBLIC WORKS ONLY-

**ACKNOWLEDGEMENT**

I certify that the above named applicant has shown proof that he or she is entitled to the exemption requested. See attached proof of eligibility.

Sworn to and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

By: \_\_\_\_\_  
City of Florence Public Works Clerk