



Village of Burton

14588 West Park Street

P.O. Box 408

Burton, Ohio 44021

1villageofburton@sbcglobal.net

440-834-4474 phone

440-834-1446 fax

SENIOR RATE APPLICATION (TRASH)

Today's Date _____

APPLICANT TO FILL IN THE FOLLOWING:

Name: _____

Address: _____

___ Copy of Ohio Driver's License or State Identification Card indicating birth date and above property address.

___ **OWN PROPERTY** (The Village will print Applicant's proof of Ownership from Geauga County GIS and attach same to this application)

___ **RENT PROPERTY** (If Applicant rents the property, Applicant must provide a copy of the written lease for the property that lists Applicant as a tenant)

Birth Date _____

Phone# _____ Email: _____

If you are a registered voter, is the address listed on this form your address for voter registration purposes? ___ Yes ___ No

Is the address listed on this form your primary residential address stated on your income tax return? ___ Yes ___ No

*You must be up to date on your monthly trash bill to be eligible for this program.

Anyone making a false statement on this application is subject to being declared ineligible for the senior trash program for a period of up to two years and/or being prosecuted for making a false statement to a government entity.

I hereby certify that the information indicated on this form by me is true and accurate.

Applicant's Signature

Date