# **Nelson County Fiscal Court**

## Application for Nelson County Garbage

### Senior Citizen Limited Income Household Rate

#### Return to P.O. Box 578 Bardstown, KY 40004

Ordinance # 2000-2 requires all low-income customers over the age of 65 to complete an application. Customers will be billed at the full rate of \$18.00 per month if applications are not correctly filled out and approved.

## Please note: You must provide verification for each source of income.

If you have any questions please call (502) 348-1804

Name:	DOB:	
Address:		
Phone:		
Email:		
I request that I be granted the reduced garbage for living in my household, including myself. The toper month.		
The income received in this household co	mes from:	_
Sources of income	Monthly Amount	
		1
I, hereby swear or affittrue and correct to the best of my knowledge or by verify this information and grant permission to emy name to verify such income.	pelief, and further grant permission to the County	y of Nelson to
Signature	Date:	
Approved:	Date:	