



Nelson County Fiscal Court Application for Nelson County Garbage Disability-Based Household Rate



Return to: P.O. BOX 578
BARDSTOWN, KY 40004
PHONE: 502-348-1895 FAX 502-348-1897
WEBSITE: NELSONCOUNTYKY.GOV
EMAIL ADDRESS: OLFCLERK@NELSONCOUNTYKY.GOV

Ordinance #2024-005 requires all disability- based customers to complete an application. Customers will be billed at the full rate of \$20.61 per month if applications are not correctly filled out and approved.

| | |
|------------------------|--|
| Name: | |
| Service Address | |
| | |
| Social Security Number | |
| Drivers License Number | |
| Date of Birth | |
| Phone Number | |
| Email Address | |

I request that I be granted the reduced garbage rate for disability -based households. There are _____ people living in my household, including myself

| Sources of Income | Monthly Amount |
|-------------------|----------------|
| | |
| | |
| | |
| | |

I, _____ hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge or belief, and further grant permission to the County of Nelson to verify this information and grant permission to each income provider to release any and all information under my name to verify such status.

This information may be shared with a 3rd party vendor for billing purposes.

Signature Date

For Business Purposes Only:

Approved: _____ Date: _____