



Senior Citizen Discount Form

10% off monthly trash / recycling / yard waste collections

5490 Fifth Street
Cottleville, Mo 63304

Ph: 636-498-6565
Fax: 636-498-6575
lindsay.jones@cityofcottleville.com

Resident's Full Name: _____

Resident's Address: _____

Resident's Phone Number: _____

Resident's DOB: _____ Age: _____

I understand the ten percent (10%) discount applies only to the monthly trash/recycling/yard waste collection. This discount will apply to the account *after* the current balance due is paid in full. This discount is applied to future services. The account will not receive a discount for previous services prior to this date. Furthermore, the above information is correct to the best of my knowledge.

X _____
Resident's Signature

Today's Date

City of Cottleville Personnel's Signature

Today's Date

PHOTO ID IS REQUIRED, PLEASE ATTACH TO THIS FORM