

# TOWN OF MILTON

DEPARTMENT OF PUBLIC WORKS

MILTON, MA 02186

www.townofmilton.org

## Application for Reduced Trash-Cart Fee (Open to residents 65+)

**Instructions:** Applications are accepted by mail/ Town Hall drop box *only* (address below). With questions or if you don't have access to a printer, please call (617) 898-4968.

### 1) Applicant information

Name of Applicant (senior 65+) \_\_\_\_\_ DOB: \_\_\_\_\_)

Phone \_\_\_\_\_ Email addresses (optional) \_\_\_\_\_

Legal Residence on July 1 of this year: \_\_\_\_\_ Milton, MA 02186  
No. Street

**2) Proof of Residence: Please enclose a copy of one of the following documents.** Neither a P.O. box nor documents mailed "in care of" are valid for proof of residence.

- |   |   |
|---|---|
| <input type="checkbox"/> Current driver's license, Massachusetts ID card, or learner's permit   | <input type="checkbox"/> W-2 wage and tax statement from immediate prior year                 |
| <input type="checkbox"/> Massachusetts RMV-issued correspondence dated within 60 days   | <input type="checkbox"/> Pay stub dated within 60 days  |
| <input type="checkbox"/> Property or excise tax bill dated within 60 days   | <input type="checkbox"/> Current pension statement, SSA statement, or retirement statement    |
| <input type="checkbox"/> Jury duty summons dated within 60 days   | <input type="checkbox"/> Auto, homeowner's, or renter's insurance policy for the current year |
| <input type="checkbox"/> Utility bill (electric, telephone, cell phone, water, sewer, cable, satellite, heating) dated within 60 days | <input type="checkbox"/> Current firearms card  |

**3) Proof of Age: Please attach a copy of either of the following documents.**

- Current driver's license or Massachusetts ID Card (Acceptable even if provided as Proof of Residence)  Birth Certificate

### 4) Signature

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return and all accompanying documents and statements are true, correct, and complete. Applications for abatement will not be considered retroactively for prior fiscal years.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### 5) Return by mail to:

Town Hall, Engineering Department  
ATTN: Environmental Coordinator  
525 Canton Ave.  
Milton MA 02186

#### DPW USE ONLY

Abatement approved date \_\_\_\_\_

Resident notified date:  Ph  Mail  Email