



**CITY OF KENNEWICK - UNLIMITED FULL SERVICE  
SENIOR CITIZEN REDUCED GARBAGE RATE APPLICATION**

**\*\*SEND COMPLETED FORM TO\*\*  
WASTE MANAGEMENT  
PO BOX 6088  
KENNEWICK, WA 99336**

Senior citizen discount application for unlimited full service collection as authorized by Ordinance No. 3598, Addendum A, effective February 4, 1994, adjusted annually:

Name (print) \_\_\_\_\_ Birthdate \_\_\_\_\_

Resident Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

Customer Utility Account #: \_\_\_\_\_

\*I understand that if I am eligible, my monthly full service rate will be **\$4.48** plus applicable local and state taxes.

\*A 90-gallon cart, at no charge, will be provided upon request by calling Waste Management, Inc. at 582-5121.

**ELIGIBILITY REQUIREMENTS:**

1. Must be a citizen of the City of Kennewick residing within the City limits.
2. Must be at least sixty-five (65) years of age or older and fall within the prescribed income limitations of **\$23,643** per year, if single, and no more than **\$27,029 combined**, if married.
3. Must inform the City in writing if there is any change in your household's status as it relates to the requirements set forth. The City may request an updated application at any time.
4. Must have resided at such residence for a period of not less than (90) consecutive days and intend to remain at such place.

**I HEREBY CERTIFY UNDER PENALTY OR PERJURY THAT I MEET ALL OF THE ABOVE ELIGIBILITY REQUIREMENTS PERTAINING TO UNLIMITED FULL GARBAGE SERVICE INCLUDING AGE, INCOME, AND RESIDENCY.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City of Kennewick Representative: \_\_\_\_\_ Date: \_\_\_\_\_