



CITY OF BENICIA
250 EAST L STREET
BENICIA, CA 94510
(707)746-4225



APPLICATION FOR SENIOR DISCOUNT

NAME: _____
(name must appear on the bill)

SERVICE ADDRESS: _____

BIRTH DATE: _____

PHONE NUMBER: _____

GARBAGE []

I CERTIFY THAT I AM 60 YEARS OF AGE AND A RESIDENT OF THE ABOVE ADDRESS.
UNDER PENALTY OF PERJURY, I DECLARE THAT THE INFORMATION HEREIN IS
TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE

**Please note: The City of Benicia does not have discount amounts, billing details or approval status.

PLEASE RETURN COMPLETED APPLICATION (ALL COPIES) TO THE CITY HALL FINANCE DEPARTMENT.

IF YOU ARE MAILING YOUR APPLICATION IN, PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE.

DO NOT WRITE IN THE SECTION BELOW

THIS IS TO CERTIFY THAT THE ABOVE APPLICANT IS:

ELIGIBLE FOR THE INDICATED DISCOUNTS

Received by:

CITY SIGNATURE AUTHORIZING DISCOUNT