

# APPLICATION FOR REDUCTION OF SANITATION FEES

**ELIGIBILITY CRITERIA FOR THIS EXEMPTION IS AS FOLLOWS (YOU MUST MEET ALL THREE):** **1) You** must own and live in your residence; **2) You** must be receiving C.A.R.E.\* from Southwest Gas or Southern California Edison; **3) You** must be 62 years of age or older; or claim blindness or other disability. Note: Exemption is only available for accounts on barrel/cart service. Accounts on dumpster service are not eligible.

DATE RECEIVED IN SANITATION

NAME: \_\_\_\_\_  
Last First Initial Date of Birth

Street address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

**FILING STATUS:** Over 62 years \_\_\_\_\_ Disabled \_\_\_\_\_ Blind \_\_\_\_\_ Marital status \_\_\_\_\_

***IF CLAIMING BLINDNESS OR DISABILITY YOU MUST PROVIDE WRITTEN VERIFICATION FROM YOUR DOCTOR.***

**Please attach a current utility bill from Southwest Gas or Southern California Edison showing C.A.R.E. status at the service address. Note: Bill must be in your name.**

## PROPERTY INFORMATION

Do you own and live in your home? YES \_\_\_\_\_ NO \_\_\_\_\_

List the name and relationship of any other person who is listed on your property tax statement.

**UNDER PENALTY OF PERJURY I DECLARE THIS CLAIM INFORMATION TO BE TRUE AND FACTUAL. I UNDERSTAND THAT IF I FAIL TO PROVIDE THE INFORMATION REQUESTED, OR THE CITY FINDS THAT I RECEIVED THE REDUCTION WHEN I WAS NOT ELIGIBLE, MY ACCOUNT WILL BE REBILLED AT THE APPLICABLE RATE.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

## \*FOR BILLING DEPARTMENT USE ONLY\*

Approved \_\_\_\_\_ Sanitation Account No.: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

For Period Ending: \_\_\_\_\_

Disapproved \_\_\_\_\_ (Reason) \_\_\_\_\_ Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Billing Coordinator

\_\_\_\_\_  
Date

Form Revised July 2018

\*C.A.R.E. (California Alternative Rates for Energy)