

**CITY OF AURORA
Environmental Refuse Disposal Fee
Senior Discount Application**

Mr./Mrs./Ms. (Indicate one): _____ Applicant's Name: _____

Address: _____ Zip Code: _____

Date of Birth: _____ Telephone No.: _____

Water/Utility Service Account Number
(from your City water/utility service invoice if applicable): _____

Affirmation

I hereby affirm that I am 65 years of age as of the date of this application.
Proof of my age is attached to this application.

Signature of Applicant

Date

Submit your application with proof of age
City of Aurora, Water Billing Division, 44 East Downer Place, Aurora, IL 60507

CUT HERE

CUT HERE