



CITY OF COLUMBIA GARBAGE FEE EXEMPTION APPLICATION

FOR OFFICE USE ONLY
Initials _____
Proof Attached _____
Date Received _____

1. Application must be made and income must be reported for all persons residing in the household.
2. Applicant makes this statement of income for the purpose of receiving exemption from the garbage collection fee charge as provided in the City of Columbia Ordinance No. 3448.
3. Proof of income must be submitted with this application

THIS SPECIAL EXEMPTION MUST BE RENEWED ANNUALLY

Applicant's Name _____ Date of Birth _____

Residence Address _____

Electric Bill Account No. _____

Name as listed on Electric Bill Account _____

Phone Number _____ Own Rent

Total Persons Residing in Household _____

Total Household income for the prior calendar year from all sources was as follows \$ _____

Enter total for previous calendar year (not monthly total).

	NAME	NAME	NAME
LIST EACH PERSON IN HOUSEHOLD			
Social Security	\$	\$	\$
SSI	\$	\$	\$
Retirement/Pension	\$	\$	\$
Workmen's Comp.	\$	\$	\$
Salaries/Wages	\$	\$	\$
Interest/Dividends	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL INCOMES	\$	\$	\$
GRAND TOTAL: (MUST BE LESS THAN \$30,700.00)			\$

CHECK ONE BOX BELOW AND ATTACH ACCEPTABLE PROOF:
 ELDERLY, Age 65 by December 31st of the previous year
 DISABLED, Permanent and Total by December 31st of the previous year

I understand this special exemption is by application only and must be renewed each year by September 1st. This exemption, if granted, is only applicable for the above address and account number. I further state that, to the best of my knowledge, all statements are true and accurate.

Signature _____

Date _____

Nearest Relative or Contact _____

Phone _____

"This insitution is an equal opportunity provider."