EST 1808
CITY OF
DELAWARE
OHIO

REDUCED RATE REFUSE AFFIDAVIT

In accordance with Section 929.08 (a), (1), (B) of Chapter 929 of the Codified Ordinances of the City of Delaware,

I _____ do hereby state
(please print name)

and affirm that I am at least fifty-five (55) years of age or older and live alone

at_____.
(please print street address)

Signature:

_____
Applicant Date

Utility Office Use Only

Received by_____ Date_____

Recode by_____ Date_____

Account No._____