



REDUCED RATE REFUSE AFFIDAVIT

In accordance with Section 929.09 (f), 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)

Phone _____ Email _____

Signature:

Applicant Date

Send completed forms to:

Public Works or PWCS@DelawareOhio.net
440 E William St
Delaware, OH 43015

Office Use Only

Received by _____ Date _____

Account No. _____