



MUHLENBERG TOWNSHIP
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Trash & Recycling Senior Citizen Discount Form

Name: _____ Birth Date ____/____/____

Co-Resident: _____ Birth Date ____/____/____

Street Address: _____

City _____ PA, Zip _____

I, _____ am a resident of Muhlenberg Township and live at the address listed above. I understand that by signing this statement, I am indicating that I wish to take advantage of the senior citizen discount rate for Muhlenberg Township trash and recycling services. I certify that I am eligible for this discounted rate because: (check one box)

- I live alone at this address and I am age 65 or older.
- I live with no more than one other person at this address and we both are over the age of 65.
- I live alone or with no more than one other person at this address and we both are age 65 or older or I am a caregiver for one or two persons of any age with documented disabilities.

NOTE: False statements, including age, address, and occupancy of household may result in the revocation of the senior discount and the Township will be entitled to a refund of all discounts, penalty charges and other remedies provided by law.

I declare under penalty of perjury of law and pursuant to 28 U.S.C. §1746 that the foregoing is true and correct statement to the best of my knowledge.

Signature of Resident

Date

For Office Use Only

Account Number: _____

Form of Identification Provided:

- Driver's License
- Birth Certificate
- Passport
- Other (describe)