| North Central Solid Waste Authority10 % SENIOR DISCOUNT P O Box 12301101 Industrial Park RD Suite C Española, NM 87532 (505) 747-8459 • (505) 747-8464 fax | | RECEIVED DATE & RECEIVED BY | | |
|---|---|---|--|--|
| Account No. Customer Name: Mailing Address: City State Zip Phone # Cell no. Email Accounts REQUIRE ANY OF THE FOLLOWING DOCUMENTATION: DRIVER'S LICENSE WITH PROOF OF AGE I.D. WITH PROOF OF AGE This request will <u>NOT</u> be considered if either of the two aren't provided. | Located @ (Primary Residence NCSWA -You must be 65 years or olde -Please note this discount only -Please note this only applies will not apply to any transfer -Please note if you have alread other discounted rates such a or Veterans discount you will additional discount. -This will only apply to your p you may own will not be inclu | y applies to residential accounts. to your residential account and station or collection center. dy been approved for any of our s our Senior Low-Income discount not be approved for any other primary residents, any other home | | |
| OFFICE USE ONLY All documentation has been received and reviewed by: | | | | |

| Administrator Application was denied: | Date | _ | |
|--|------|-------|--|
| | | | |
| I hereby certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge. I further understand that this application may be delayed in processing or denied if the information provided is incomplete or inaccurate. | | | |
| Owner Signature (required): | | Date: | |

Entered/completed by: _____ Date: _____