

APPLICATION FOR SELF FUNDED RETIREE DOMESTIC WASTE SERVICE

Please answer all questions

FOR RATING YEAR 2017 / 2018

(Annual application required)

APPLICANT DETAILS

Name/s: _____

Rate Assessment No: _____

Property Address: _____

_____ Postcode: _____

Phone: (H) _____ (M) _____

Email: _____

COMMONWEALTH SENIORS HEALTH CARE CARD

Please attached a copy of the Commonwealth Seniors Health Care Card

(OFFICE USE)

DECLARATION

As at 1 July 2017, I hereby declare that:

- I am the owner of the above mentioned property; **and**
- I have lived within the Willoughby City Council area continuously for the past 15 years; **and**
- The above property is my sole principal place of abode; **and**
- I am aged 70 years or over; **and**
- I am the holder of a current Commonwealth Seniors Health Care Card; **and**
- A pension rebate has not been applied to this property.

Signed: _____ Date: _____

(Applications must be received by 31 October 2017)

OFFICE USE ONLY

Application approved Rate type / account adjusted Date: _____ Initial: _____