

**RANKIN COUNTY, MISSISSIPPI
WASTE MANAGEMENT DEPARTMENT**

P.O. Box 1898 Brandon, MS 39043

APPLICATION FOR RATE REDUCTION IN SOLID WASTE DISPOSAL

Account Number: _____

I, _____, being an applicant for a reduction in rate from the fee charged for garbage and trash collection, do hereby offer proof of eligibility. The additional exemption sought is due to:

_____ 65 Years of Age and over (Copy or Driver License **REQUIRED**)

-or-

_____ 100% Disability (Copy of Letter from Social Security stating 100% disabled **REQUIRED**)

Date: _____ Signature of Applicant: _____

APPLICANT IS TO ONLY FILL OUT THE TOP PORTION OF THIS FORM.

-THIS PORTION IS FOR USE BY RANKIN COUNTY WASTE MANAGEMENT ONLY-

ACKNOWLEDGEMENT

Sworn to and signed this _____ day of _____, 20_____.

RANKIN COUNTY WASTE MANAGEMENT

By: _____

CERTIFICATE

I certify that the above named applicant has shown proof that he or she is entitled to the exemption.

Date

Waste Management Clerk