

The Village of Northfield

199 LEDGE RD

NORTHFIELD VILLAGE, OHIO 44067

330.467.7139; Fax: 330-908-7014

Harold Jason Walters, Building and Zoning Inspector

Building Department

SENIOR TRASH APPLICATION

Today's Date _____

APPLICANT TO FILL IN THE FOLLOWING:

Name _____

Address _____

____ Copy of Ohio Driver's License or Ohio State Identification Card indicating birth date and above property address.

____ OWN PROPERTY (The Village Building Department will print Applicant's proof of property ownership from the records of the Summit County Fiscal Officer and attach same to this Application)

____ RENT PROPERTY (If Applicant rents the property, Applicant must provide a copy of the written lease for the property that lists Applicant as a tenant)

Birth Date _____

Phone # _____ Email: _____

If you are a registered voter, is the address listed on this form your address for voter registration purposes? _____ yes _____ no

Is the address listed on this form your primary residential address stated on your income tax returns? _____ yes _____ no

*You must be up to date on your quarterly trash bill to be eligible for this program.

Anyone making a false statement on this application is subject to being declared ineligible for the senior trash program for a period of up to two years and/or prosecuted for making a false statement to a government entity.

I hereby certify that the information indicated on this form by me is true and accurate.

Applicant's Signature

Date