

## APPLICATION FOR SELF FUNDED RETIREE DOMESTIC WASTE SERVICE

Please answer all questions

### FOR RATING YEAR 2024/2025 (Annual application required)

#### APPLICANT DETAILS

Name/s: \_\_\_\_\_

Rate Assessment No: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

#### COMMONWEALTH SENIORS HEALTH CARE CARD

Please attach a copy of the Commonwealth Seniors Health Care Card (both sides)

(OFFICE USE)

#### DECLARATION

As at 1 July 2024 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 close 31 December 2024)

OFFICE USE ONLY

Application approved

Rate type / account adjusted

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

