



TOWN OF MILTON

DEPARTMENT OF PUBLIC WORKS

MILTON, MA 02186

www.miltonma.gov

Application for Reduced Trash-Cart Fee (Open to residents 65+)

Instructions: Applications are accepted by mail/ Town Hall drop box *only* (address below). With questions or if you don't have access to a printer, please call (617) 898-4968.

1.) Applicant Information

Name of Applicant (senior 65+ as of July 1st) _____ DOB: _____

Phone: _____ Email Address (optional): _____

Legal Residence on July 1st of this year: _____ Milton, MA 02186
No. Street

2) Proof of Residence: Please enclose a copy of one of the following documents. Neither a P.O. box nor documents mailed "in care of" are valid for proof of residence.

☐ Current driver's license, Massachusetts ID card, or learner's permit

☐ Massachusetts RMV-issued correspondence dated within 60 days

☐ Property or excise tax bill dated within 60 days

☐ Jury duty summons dated within 60 days

☐ Utility bill (electric, telephone, cell phone, water, sewer, cable, satellite, heating) dated within 60 days

☐ W-2 wage and tax statement from immediate prior year

☐ Pay stub dated within 60 days

☐ Current pension statement, SSA statement, or retirement statement

☐ Auto, homeowner's, or renter's insurance policy for the current year

☐ Current firearms card

3) Proof of Age: Please attach a copy of either of the following documents.

☐ Current driver's license or Massachusetts ID Card
(Acceptable even if provided as Proof of Residence)

☐ Birth Certificate

4) Signature

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return and all accompanying documents and statements are true, correct, and complete. Applications for abatement will not be considered retroactively for prior fiscal years.

Applicant Signature _____ Date: _____

5) Return by mail to:

Town Hall, Engineering Department
ATTN: Environmental Coordinator
525 Canton Ave, Milton MA 021

DPW USE ONLY

Abatement approved date _____

Resident notified date: ☐ Ph ☐ Mail ☐ Email