

CITY OF PRATTVILLE
101 WEST MAIN STREET
PRATTVILLE, ALABAMA 36067

APPLICATION FOR
RESIDENTIAL GARBAGE INCREASE EXEMPTION

Date: _____

To Whom It May Concern:

I hereby certify that I have provided proof of income showing that I am eligible for an exemption from increase in residential garbage pickup fee under the code of Ordinance of the City of Prattville, Chapter 13 Municipal Utilities and Services, Article IV, Section 13-129 Billing Procedure; Exemptions because I fall within or below the National Poverty Level for households based on my monthly gross income as checked below:

<input type="checkbox"/>	<input type="checkbox"/>	One Person Household	\$ 738/month gross
<input type="checkbox"/>	<input type="checkbox"/>	Two Person Household	996/month gross
<input type="checkbox"/>	<input type="checkbox"/>	Three Person Household	1,254/month gross
<input type="checkbox"/>	<input type="checkbox"/>	Four Person Household	1,512/month gross
<input type="checkbox"/>	<input type="checkbox"/>	Five Person Household	1,770/month gross
<input type="checkbox"/>	<input type="checkbox"/>	Six Person Household	2,027/month gross
<input type="checkbox"/>	<input type="checkbox"/>	Seven Person Household	2,285/month gross
<input type="checkbox"/>	<input type="checkbox"/>	Eight Person Household	2,543/month gross

Above eight, add \$258/per person/per month gross

_____ number persons above eight
(# persons X \$258 = _____ + \$2,543) = \$ _____ /month gross

I further understand that should my financial status change at any time eliminating me from the Household Exemption Status, that I am legally and morally obligated to notify the City of Prattville Sanitation Department at 361-3611 so that my monthly garbage bill can be adjusted to reflect my correct charge for this service.

I hereby certify that the facts provided above relative to my financial status are true and correct. I also understand that I must apply for this exemption status on an annual basis. If re-application is not made by November 1, 20____, my Garbage bill will be raised to the current residential level.

Signature of Applicant

Telephone number

Print name as shown on water bill

Water Bill Account #

Print address

City, State, Zip