



## Sanitation Department - Optional Services Discount Form

**The undersigned resident requests consideration for a 50% discounted rate for optional sanitation services. Such discount is available for residents in which the head of the household is at least 65 years of age or for residents possessing a medical condition which prohibits them from placing refuse receptacles curbside. Proof of age (such as a driver's license, state issued identification card, or military identification) or physician's documentation of a medical condition is required and to be submitted with this form.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**Check the condition that applies (only one condition required):**

- Resident requested Senior Citizen Discount
- Resident requested Medical Condition Discount

**Check the optional service requested:**

- Rear yard trash- collected 1x per week
- Rear yard trash- collected 2x per week
- Second weekly trash collection

Please return form (with proof of eligibility)  
Deliver in person: to City Hall, or  
Email to: [kshaw@brentwoodmo.org](mailto:kshaw@brentwoodmo.org), or  
Mail to: City of Brentwood - Attn: Finance  
2348 S. Brentwood Blvd.  
Brentwood, MO 63144

**FOR OFFICIAL USE ONLY**

Verified:  Applicable Condition  
 Requested Optional Service

Date \_\_\_\_\_

By \_\_\_\_\_