



**Finance Department
200 N Castle Heights
Avenue
Lebanon, TN 37087**

City of Lebanon Utility Sanitation Reduction Form

The reduced sanitation fee of **\$10** will be open to our Elderly (65+) and Disabled customers. It must be your primary residence. For our rental customers you must provide a current copy of your lease. Total income cannot exceed **\$38,000** per year.

Name _____

Account # _____

Address _____

Telephone _____

_____ **Income** Must provide income documentation such as:
Copy of last year's tax return, or W-2

Signature: _____ **Date:** _____

I certify the income indicated is my primary source of income. I certify that I reside in or receive utility service as my primary residence for the account listed above. I understand that the reduced sanitation fee is based on my income and if any income changes, I am responsible for reporting to the City of Lebanon. I understand at any time the City of Lebanon can change the policy and income limit. If I move from the residence listed above, I must notify the City of Lebanon that I received the reduced rate for sanitation.

For City use Only: _____ **Approve** _____ **Deny**

