Town of Bedford
Application For Participation
Senior Citizen Refuse Disposal Program

Participant

Name _____ Tel. No._____

Address _____

City _____ State _____ Zip Code _____

Please advise the Town Clerk's Office (914) 666-4534 if there is an address change.

PROOF OF RESIDENCY (Check appropriate box)

( ) 1. Tax Bill
( ) 2. Lease
( ) Letter from your landlord
( ) Affidavit (attached)

Program is offered to Bedford residents only

PROOF OF Age (Check appropriate box)

( ) 1. Driver's License
( ) 2. Birth Certificate
( ) 3. Other

Program is offered only to persons 60 years of age and older

Size of Family _____ Signature _____ Date _____

Program Participation:

WHAT: Disposal of plastic-bagged (up to 33 gallons) non-recyclable refuse of weight that participant can lift with one hand.

WHERE: At the Town of Bedford Recycling Drop-off Center, currently at Adams Street, Bedford Hills, New York.

WHEN: Tuesday, Thursday and Saturday between the hours of 8:00 A.M. – 3:00 P.M.

HOW: Purchase a book of 5 coupons for $15.00 at the Town Clerk's Office. Present one coupon for each bag of refuse. (Subject to change with advance notice.)

For Town Use Only

Coupon No. _____ To _____
Date: _____ Amount _____ Receipt No. _____ Rec'd by _____ Cc: Dori _____