

Nelson County Fiscal Court

Application for Nelson County Garbage

Limited Income Household Rate

Return to P.O. Box 578 Bardstown, KY 40004

Ordinance # 2000-2 requires all low-income customers to complete an application. Customers will be billed at the full rate of \$18.00 per month if applications are not correctly filled out and approved.

Please note: You must provide verification for each source of income.

If you have any questions please call (502) 348-1804

Name: _____

Address: _____

Phone: _____

Email: _____

I request that I be granted the reduced garbage for limited income households. There are _____ people living in my household, including myself. The total income of all persons in this household is: _____ per month.

The income received in this household comes from:

Sources of income	Monthly Amount

I, _____ hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge or belief, and further grant permission to the County of Nelson to verify this information and grant permission to each income provider to release any and all information under my name to verify such income.

Signature

Approved: _____

Date:

Date: _____