



**ROCKLIN**  
CALIFORNIA

**APPLICATION FOR REDUCTION OF THE  
PARK DEVELOPMENT AND MAINTENANCE DISTRICT ASSESSMENT  
AND DISPOSAL SERVICE FEES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Verified By: \_\_\_\_\_

Form of Verification: \_\_\_\_\_

*If you are returning the form by mail, please include a copy of your Driver's License or other official ID for verification*

Assessor's Parcel Number (If known) \_\_\_\_\_

\_\_\_\_\_ I hereby declare that I am the owner and principal resident of the above address

\_\_\_\_\_ I hereby declare that I am the renting resident of the above address

**Applicant must be 62 year of age or older**

\_\_\_\_\_  
Owner / Resident Signature

\_\_\_\_\_  
Date

-----  
FOR OFFICE USE ONLY

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date