



# ROCKLIN CALIFORNIA

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

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

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

Phone Number: \_\_\_\_\_

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/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

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FOR OFFICE USE ONLY

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

\_\_\_\_\_  
Date