



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 years of age or older

I want to apply for:

_____ Reduction of Recology Disposal Service Fees

_____ Reduction of Park Development and Maintenance District Assessment on my Property Tax Bill (owner and principal resident only)

Owner/Resident Signature

Date

FOR OFFICE USE ONLY

Approved By

Date

CITY OF ROCKLIN, FINANCE DEPARTMENT

3970 Rocklin Road, Rocklin, CA 95677

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