



CITY OF BAYTOWN

Utility Billing Division
P.O. Box 424
2505 Market Street

(281) 420-6515
Baytown, TX 77522-0424

Account # _____

Utility Billing
City of Baytown
P.O. Box 424
Baytown, TX 77522-0424

Utility Billing Office:

I hereby certify that I, _____

am the sole occupant ()
Or the head of the household ()

Of the residence at _____

Phone number: _____

I am over sixty-five (65) years of age (DOB _____).

On the basis of the above information and in accordance with City Ordinance, Chapter 86, Solid Waste, Sec. 86-101. Charge for collection (c), I hereby apply for the special rate, plus tax, per month of collection and disposal of solid waste from this residence. I hereby agree to notify the City of Baytown, Utilities Division, of any change of status at this household that would make me ineligible for this special rate.

*** A copy of your Driver's License must be return with this form to meet requirements.

Signed _____

Date _____

* Only one discount per customer, on property where they reside.