

City of Union, Missouri



Please complete & return to:
City of Union
10 E. Locust St., Union, MO 63084
Fax: 636.583.4091
Email: utilityclerk@unionmissouri.gov

SENIOR TRASH DISCOUNT APPLICATION

Account Number _____

Account Holder _____

Address _____

Birth Date _____ Last 4 of Social Security # _____

Driver's License #: _____
(Copy of DL is required)

Phone Number _____

I attest the above information to be true and that I am eligible for the Senior Citizen Discount offered by the City of Union, MO Water Department.

Signature _____ Date _____

For Office Use Only

Driver's License on file Yes No

Received By _____