



City of Ashland
Finance Department
P.O. Box 1839
Ashland, KY 41105-1839
(606) 327-2018

Email: accountsreceivable@ashlandky.org

Fee Reduction Application
For Elderly or Disabled Persons
(Please Print Legibly)

Name: _____ Date of Birth: _____
Service Address: _____ Do you live at the service address? _____
Phone Number: _____ Elderly _____
Total Household Income*: _____ Disabled _____
Customer ID: _____ Location ID: _____

*Income includes but is not limited to wages, Social Security, annuities, pension payments, dividends, business income, etc.

I hereby certify that, to the best of my knowledge the facts that are set forth in this application are true. Furthermore, if the exemption from is approved, any false statement appearing on this application may be grounds for rejection. In addition, the City of Ashland is authorized to make any investigations of financial and credit records through any investigative or credit agencies or bureaus of the City's choice as it pertains directly to the application. By signing this application, I understand that any fee reduction granted must be renewed yearly by me by January 1st of each year.

Signature _____ Date _____

Please enclose proof of disability if under the age of 62.

FOR INTERNAL USE ONLY

Approved By _____ Date _____ Disapproved By: _____ Date _____

Reason for Disapproval: _____