

**Town of Randolph Board of Health Office**  
**Solid Waste & Recycling Program**



Homeowners who are 62 years of age or older or fully disabled homeowner's who reside in their homes in Randolph are eligible for a discount on their trash fee. The requirement is that the name must show on the deed to the property and the applicant must live on the premises. All eligible homeowners will receive a **\$100.00 annual discount on the trash fee or \$25.00 each billing.**

To be eligible for the discount the homeowner must be 62 years of age as of January 1<sup>st</sup> of the current year. This discount will apply only to the owned home you reside in; **no discounts will be given on any other homes you may own.**

**(You only need to apply for this discount once, as it will automatically apply every year.)**

Homeowners requesting an **Elderly Discount** must provide **proof of age** such as a: **Birth Certificate, Driver's License, MBTA Senior Citizen Card** or other legal document.

Homeowners requesting a **Disability Discount** must provide **proof of FULL Disability** such as a: **Doctor's Certificate, an award letter from Social Security or Veteran's Administration** or other legal document. Fully Disabled is defined as being unable to engage in substantial, gainful activity because of a physical or mental impairment which lasted or will last at least 12 months.

To verify ownership of property, the Assessor's records will be checked. Residency must be verified by any of the forms listed above. Please fill out the information requested below and forward the completed form with the necessary documentation to the: **Town of Randolph Board of Health Office, Town Hall, 41 South Main Street, Randolph, MA 02368.** To have the form mailed to you, please request in writing.

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**Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Are you **62 or older:** \_\_\_\_\_ or **Fully Disabled:** \_\_\_\_\_

**Structure Type:** Single \_\_\_\_\_ Duplex: \_\_\_\_\_ Other: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Birth Certificate: _____	Driver's License: _____	MBTA Card: _____	Other: _____
Residency Verification: (Yes) (No)	Source: _____		
Approved: (Yes) (No)	Date: _____	Signature: _____	