

**TOWN OF RANDOLPH BOARD OF HEALTH**

Homeowners who are 62 years of age or older who reside in their owned homes in Randolph are eligible for a discount on their trash fees. The requirement is that the name must show ownership of the property and the applicant must live on the premises. All eligible homeowners will receive **\$293.60** annual fee on the trash or **\$73.40** each quarter.

To be eligible for the discount, the homeowner must be 62 as of January 1<sup>st</sup>, of the current year. This discount will apply only to the owned home you reside in, and no discounts will be given on any other homes you may own. **Must be filed before your next Water bill in order to receive discount** (IF YOU HAVE APPLIED FOR THE DISCOUNT, YOU NEED NOT APPLY AGAIN AS THIS INFORMATION WILL STAY IN THE COMPUTER UNTIL SUCH TIME AS THE PROPERTY IS SOLD. THEREFORE YOU NEED ONLY APPLY ONE TIME.)

**Homeowners requesting an ELDERLY DISCOUNT must provide proof of age such as a Birth Certificate, Driver's License, MBTA Senior Citizen card or other such legal document. A copy of Tax Bill and Water Bill.**

To verify ownership of property, the Assessor's records will be checked. Please fill out the information requested below and Forward the completed form with the necessary documentation to the Randolph Board of Health 41 South Main St, Randolph, MA 02368. To have form mailed to you, please request same In writing and provide an self-addressed stamped envelope.

NAME: \_\_\_\_\_ ACCOUNT NO. (on water bill) \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

DISCOUNT TYPE: PLEASE CHECK WHICH BEING APPLIED FOR:  
**(RENTAL UNITS DO NOT APPLY)**

62 or older: \_\_\_\_\_

STRUCTURE TYPE: \_\_\_\_\_ SINGLE, \_\_\_\_\_ DUPLEX, \_\_\_\_\_ OTHER PLEASE SPECIFY

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
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**OFFICE USE ONLY**

\_\_\_\_\_ BIRTH CERTIFICATE \_\_\_\_\_ DRIVER'S LICENSE

\_\_\_\_\_ MBTA CARD \_\_\_\_\_ OTHER

RESIDENCY VERIFICATION: YES: \_\_\_\_\_ NO: \_\_\_\_\_ SOURCE: \_\_\_\_\_

APPROVED: YES: \_\_\_\_\_ NOT APPROVED & REASON \_\_\_\_\_

BY: Gerard F Cody, Health Agent DATE APPROVED: \_\_\_\_\_

TOWN OF RANDOLPH DEPARTMENT OF PUBLIC WORKS  
WATER AND SEWER DIVISION

Homeowners who are 62 years of age or older or FULLY DISABLED homeowners who reside in their owned homes in Randolph are eligible for a discount on their Water and Sewer bills. **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 \$120.00 annual discount on the water and sewer or \$30.00 each billing.

To be eligible for the discount, the homeowner must be 62 as of January 1<sup>st</sup>. of the current year. This discount will apply only to the owned home you reside in, and **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 such 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 Veterans Administration** or 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 Water & Sewer Div., Town Hall, 41 South Main St., Randolph, MA 02368.** To have form mailed to you, please request same **in writing.**

- **THIS DISCOUNT IS NOT RETRO ACTIVE IF YOU ARE APPLYING FOR THE FIRST TIME.**

NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_ DISTRICT \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DISCOUNT TYPE: PLEASE CHECK WHICH BEING APPLIED FOR:

62 or older: \_\_\_\_\_ or Fully Disabled: \_\_\_\_\_

STRUCTURE TYPE: (SINGLE \_\_\_\_\_ DUPLEX \_\_\_\_\_ OTHER \_\_\_\_\_ PLEASE SPECIFY)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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OFFICE USE ONLY

\_\_\_\_\_ BIRTH CERTIFICATE \_\_\_\_\_ DRIVER'S LICENSE

\_\_\_\_\_ MBTA CARD \_\_\_\_\_ OTHER

RESIDENCY VERIFICATION: YES: \_\_\_\_\_ NO: \_\_\_\_\_ SOURCE: \_\_\_\_\_

APPROVED: YES: \_\_\_\_\_ NOT APPROVED & REASON \_\_\_\_\_

BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_