



Customer Service Department
65 Stone Street | Cocoa, FL 32922
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Website: www.cocoafl.org

RESIDENTIAL GARBAGE DISCOUNT APPLICATION

SECTION I (PLEASE CHECK ONE)

ACCOUNT NUMBER: _____

SENIOR CITIZEN DISCOUNT (OVER 65):

For residential garbage service inside the City of Cocoa limits. Must present verification of age and identity.

Date of Birth: _____

DISABLED CITIZEN DISCOUNT:

For residential garbage service inside the City of Cocoa limits. To qualify for the discount, the definition of disability is a **permanent physical or mental impairment that substantially limits one or more major life activities**; e.g., caring for oneself, performing manual tasks, talking, seeing, hearing, speaking, learning and working; **and that can be expected to result in death or has lasted or can be expected to last for a period of not less than 12 months.**

Physician must complete:

Date of Disability: _____

Please check only one: Permanent, or Temporary (must renew application annually)

PHYSICIAN NAME	_____
	Last First
PHYSICIAN ADDRESS	_____
	Number Street

	City State ZIP Code
PHONE	() _____

Physician Signature - By signing this form I am verifying the person applying for this discount is in fact disabled in accordance to the above definition.

SECTION II CUSTOMER INFORMATION (PLEASE PRINT)

NAME	_____
	Last First MI
SERVICE ADDRESS	_____
	Number Street

	City State ZIP Code
PHONE	() _____
	Home Work Cell

Customer Signature _____

Date _____

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