

Village of Clearwater
626 Main St., PO Box 116
Clearwater, NE 68726
www.clearwaterne.com




402-485-2365
clerk@clearwaterne.com

SENIOR TRASH RATE QUALIFICATION

Date: _____

Name of applicant: _____

Trash service address: _____

Date of birth: _____

Driver's license or State ID number: _____

State of license issuance: Nebraska

If you are receiving or would like to receive the senior trash rate for residents aged 65 or older, please fill out this form and promptly return to the Village of Clearwater office for our records.

Thank you,
Angie Hupp, Clerk/Treasurer

FOR OFFICE USE ONLY

Account number: _____ Date received/approved: _____