

REQUEST FOR OVER 65 EXEMPTION

Date:		
Account No.:		
Service Address:		_
Customer Name:		_
Date of Birth:	TDL/TID#:	_
	7 of the Trinity Bay Conservation District Policy, I he nption on the above referenced account.	reby
· · · · · · · · · · · · · · · · · · ·	is my primary residence. I have not applied for, nor rinity Bay Conservation District account.	do I
Customer Signature:		_
Printed Customer Name:		

<u>Note:</u> This exemption must be renewed by the customer every three (3) years from the established Trinity Bay Conservation District renewal date. <u>This renewal will need to be filed in person at the Trinity Bay Conservation District office along with a completed Over 65 Exemption form and Proof of Age with a current driver's license or ID.</u>