



3970 Rocklin Road
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City of Rocklin

**APPLICATION FOR REDUCTION OF THE
PARK DEVELOPMENT AND MAINTENANCE
DISTRICT ASSESSMENT
AND DISPOSAL SERVICE FEES**

Name: _____

Address: _____ Zip Code: _____

Phone Number: _____

Birth Date: _____ Verified by: _____

Form of Verification: _____

If you are returning the form by mail, please include a copy of your Driver's License or other official ID for verification

Assessor's Parcel Number (If Known): _____

_____ I hereby declare that I am the owner/principal resident of the above address

_____ I hereby declare that I am the renting resident of the above address

Applicant must be 62 years of age or older

Owner / Resident Signature

Date

FOR OFFICE USE ONLY

Approved by

Date