



REFUND REQUEST FORM

Lawndale Commercial and Residential Multi-Family Unit Solid Waste Customers

Please complete this application and submit with copies of the solid waste monthly statements from February 2010 through December 2010 *and* a copy of your California ID or Driver's License. **The Lawndale business owner and resident MUST submit this form to the Finance Department by 5:30pm on Wednesday, February 1, 2012.** Each application will be reviewed on its own merit with no guarantee that a refund will be approved. The City of Lawndale will issue refund checks within 4-6 weeks from the date received in our office to the mailing address currently indicated on this application.

PROOF OF REFUND ELIGIBILITY STATUS WILL BE REQUIRED AT THE TIME THIS APPLICATION FORM IS SUBMITTED.

Entity's Name: _____
(Print name clearly) (Last Name) (First Name) (Middle Initial)

Service Address: _____, Lawndale, CA 90260
(As it appears on your solid waste bill)

Account Number: _____
(As it appears on your solid waste bill)

Mailing Address: _____
(If different from service address)

Daytime Phone: () _____

Social Security #: _____ - _____ - _____ **CA ID or DL#:** _____

Under penalty of perjury, I declare that I have examined this claim, including accompanying statements, and, to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's Signature: _____ **Date:** _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS SECTION

Received by: _____ Date received: _____

Approved by: _____ Date approved: _____

Denied by: _____ Dated denied: _____

Refund processed by: _____ Warrant #: _____

Comments: _____

Please submit refund request with supporting documentation/proof to: City of Lawndale, Finance Department, 14717 Burin Avenue, Lawndale CA 90260 – Office hours: Monday-Thursday, 7am to 5:30pm (City Hall is CLOSED every Friday).