



**RESIDENTIAL REFUSE COLLECTION SVCS**

**APPLICATION FOR ASSISTANCE**

DATE: \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_  
(Print Name)

SERVICE ADDRESS: \_\_\_\_\_  
(Lawndale Residency Required)  
\_\_\_\_\_

DAY TIME PHONE NUMBER: \_\_\_\_\_

REQUESTOR SIGNATURE: \_\_\_\_\_

**REQUEST FOR:**

\_\_\_\_\_ **Senior Citizen 15% Discount Rate** (65 years of age or older)

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Attach a copy of government issued proof of identity/age like a driver's license, a State ID card, passport, or birth certificate

\_\_\_\_\_ **Handicap Assistance**

Attach a doctor's statement regarding your handicap and sign below:

"I certify that I am handicapped and live alone at the above service address."  
\_\_\_\_\_ (Requestor's Signature)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LAWDALE PUBLIC WORKS DEPARTMENT**  
4722 Manhattan Beach Blvd, Lawndale, CA 90260

**Phone: (310) 973-3260**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature: \_\_\_\_\_  
Director of Public Works Date

Date Transmitted To Consolidated Disposal: \_\_\_\_\_

Consolidated Disposal Acknowledgement: \_\_\_\_\_  
Signature Date