



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: _____ Date _____
Director of Public Works

Date Transmitted To Consolidated Disposal: _____