



**CITY OF LAWNDALE**  
**DEPARTMENT OF PUBLIC WORKS**  
4722 Manhattan Beach Blvd, Lawndale, CA 90260  
Phone: (310) 973-3260

**RESIDENTIAL REFUSE COLLECTION SERVICE**

**APPLICATION FOR ASSISTANCE**

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

NAME OF REQUESTOR \_\_\_\_\_  
Must be Head of Household - Print Name

SERVICE ADDRESS: \_\_\_\_\_

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

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

**REQUEST FOR:**

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

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

\_\_\_\_\_ **Service for Disabled Customers (Backyard Service)**

Attach a doctor's statement confirming your disability and sign below:  
"I certify that I am disabled and live alone at the above service address."

\_\_\_\_\_  
(Requestor's Signature)

**For Office Use**

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Date Transmitted to Consolidated Disposal: \_\_\_\_\_