



CITY OF LAWDALE
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 Account Holder and residing at service address

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, or passport and a copy of the most current refuse bill.

_____ **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: _____