



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

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: _____ Birth date: _____

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:

For Office Use

Approved _____	Not Approved _____
Signature: _____	Date _____
Date Transmitted to Consolidated Disposal: _____	