

**SENIOR CITIZEN  
RESIDENTIAL REFUSE SERVICE  
DISCOUNT APPLICATION**

APPLICANT'S NAME:	
ADDRESS, CITY, ZIP CODE:	
TELEPHONE NUMBER:	
IDENTIFICATION:  <b>Provide photocopy of driver's license or I.D.</b>	<input type="checkbox"/> Driver's License <input type="checkbox"/> CA I.D. <input type="checkbox"/> Passport  Number: _____
DATE OF BIRTH:	
VALET SERVICE REQUESTED:	<input type="checkbox"/> YES, explain need: _____ <input type="checkbox"/> NO

**PHOTOCOPY OF PROOF OF AGE AND COPY OF TRASH BILL SHOWING THE APPLICANT AS THE CUSTOMER MUST BE PROVIDED WITH APPLICATION**

The undersigned understands that the granting of this discount will result in a change in cart size. Recycling, trash, and green waste carts will be reduced from 96 gallon capacity to 64 gallon capacity.

The undersigned declares, under penalty of perjury, that the foregoing information is true. If any part of this information is not true, the undersigned will be required to remit to the City of El Monte's residential waste hauler the full disposal rate.

Executed in the City of El Monte, California, this day \_\_\_\_\_ date

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

FOR OFFICE USE ONLY	
AGE VERIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICATION:	<input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED
COMMENTS:	_____
_____	
_____ <b>Approved by Environmental Services Division</b>	_____ <b>Date</b>

Submit completed application and appropriate documentation to: City of El Monte, Environmental Services Division, City Hall West, 11333 Valley Boulevard, El Monte, CA 91731. For assistance, call (626) 580-2058.

The reduction will take effect on the 1<sup>st</sup> of the month following the approval.