



## Waste Management Senior Citizen Verification Form

Please provide the following information as it appears on your trash bill. Please print clearly.

Account Number (if known): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number #: \_\_\_\_\_

I certify that I am over the age of 62 and qualify for the senior citizen discount.

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

Please return this form to City of Arcadia PWSD, Attn: Maria Taylor 11800 Goldring Rd., PO Box 60021, Arcadia, CA 91066-6021 phone (626) 256-6554 or fax to (626) 359-7028.

-----OFFICIAL USE ONLY-----

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_