



# City of Arcadia Waste Management Senior Citizen Verification Form

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

Account Number: \_\_\_\_\_

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: Vanessa Hevener, Environmental Services Officer, 11800 Goldring Road, PO Box 60021, Arcadia, CA 91066-6021; phone (626) 254-2712 or fax to (626) 359-7028.

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

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