



**CITY OF LAKE DALLAS
APPLICATION FOR SOLID WASTE & RECYCLE COLLECTION
SENIOR DISCOUNT**

VERIFY DRIVER'S LICENSE OR PERSONAL I.D.
Must be 65 +years of age to qualify

Resident Name: _____
(Last) (First) (Middle)

DOB: _____ Driver's License #: _____
State: _____

HM#: _____ CELL#: _____

Email Address: _____

I, _____, do reside at and

hereby request the Senior Discount for the address commonly known as

_____, Lake Dallas, Texas 75065.

To qualify for the discount rate, I affirm that:

1. I am 65 years of age or older, and
2. The water and sewer account at the above address is in my name or my spouse's name.

If any of the above conditions should change, I understand that I must notify the City of Lake Dallas.

Resident's Signature: _____ Date: _____

CITY USE ONLY

Approved By: _____ Date: _____

Date Contacted WM: _____ WM Account Number: _____

(Attach a copy of the document used to verify birth date and Lake Dallas Address.)