



CITY OF LAKE DALLAS
SOLID WASTE / RECYCLING COLLECTION ACCOUNT
DISABLED/HANDICAPPED DISCOUNT & ASSISTANCE APPLICATION

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

DOB: _____
 Month/Day/Year

Driver's License/State ID #: _____ **State:** _____

Email Address: _____

CELL#: _____ **HM#:** _____

I, _____, do reside at and request Waste Management to obtain and replace my solid waste and recycling collection carts (cannot be located behind gate/garage) for services provided to:

_____, Lake Dallas, TX 75065.

To qualify for the discount, I affirm that:

1. There is no one living at this address capable of placing the carts at the curb, and
2. The water and sewer account at the above address is in my name or my spouse's name or
3. If I am not the property owner, and the water service is in the property owner's name, I have provided a copy of my lease showing that I am the current occupant of this residence.

Signature of account holder

Date

CITY USE ONLY

Date Received: _____ **Account Number:** _____