



**CITY OF LAKE DALLAS
SOLID WASTE / RECYCLING COLLECTION ACCOUNT
SENIOR DISCOUNT APPLICATION**

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

DOB: _____
Month/Day/Year

Driver's License/State ID #: _____ **State:** _____
Copy must be made for file; must be 65+ years of age to qualify.

Email Address: _____

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

I, _____, do reside at and request the Senior Discount for
services provided to _____, Lake Dallas, TX 75065.

To qualify for the discount, 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 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

Note: If spouse of account holder is applying for the discount, they must either be listed as a property owner with Denton County, provide a copy of water bill with their name listed as well, or the address must be the same on their driver's license.

Date Received: _____ Account Number: _____