

**CITY OF MONTCLAIR**  
**SENIOR CITIZEN TRASH SERVICE DISCOUNT APPLICATION**  
(AGES 65 AND OVER)

NAME \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_  
PHONE NO. \_\_\_\_\_

ACCOUNT NO \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE  
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PROOF OF AGE DOCUMENT \_\_\_\_\_

DOCUMENT NO. \_\_\_\_\_ PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_

VERIFICATION OF SENIOR CITIZEN  
DISCOUNT ON TRASH SERVICE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
VERIFIED BY

TO APPLY, BRING THIS  
APPLICATION AND PROOF OF  
AGE DOCUMENT TO:

CITY OF MONTCLAIR  
5111 BENITO STREET  
MONTCLAIR, CA 91763

QUESTIONS? CALL  
(909) 445-1818