



**UNINCORPORATED LOS ANGELES COUNTY
(ANTELOPE VALLEY AREA ONLY)
SENIOR DISCOUNT FORM**

Qualifications and Required Documents:

- Complete and sign application (application enclosed)**
 - For an additional copy of the application, call WM at (661) 947-7197
 - Pick up an application at the WM Customer Service Center located at 1150 W City Ranch Road in Palmdale.

- Provide proof of residence and head of household/account holder for the property**
 - Copy of utility bill (showing property owners' name), etc.

- Provide proof of age (62 years or older)**
 - Copy of driver's license or state issued identification card.

- Have no outstanding/past due balances**
 - You must be current with your trash bill, which is payable within 30 days of the invoice

Send in your documents by mail, drop-off or fax to:

Mail:
WM Customer Service
P.O. Box 4040
Palmdale, CA 93590-4040

Drop-off:
WM
1150 W City Ranch Rd
Palmdale, CA 93551

Fax:
(661) 274-4289
Attn: Customer
Service

For more information, please contact WM Customer Service at (661) 947-7197.

This form is intended only for residential cart customers within the Antelope Valley area of Unincorporated Los Angeles County.



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Single family residents with cart service are eligible for a 10% senior discount within the Antelope Valley area of Unincorporated Los Angeles County as long as they meet the criteria.

Please include these required documents:

Acceptable proof of age documents

- o California Drivers License
- o State issued identification card

Acceptable proof of residence and head of household

- o Copy of a utility bill (not WM) showing current resident's name

Send application and a copy of all required documents to:

Important - If the required documents listed above are not received you will not be eligible for the discount.

Mail:

WM Customer Service
P.O. Box 4040 Palmdale,
CA 93590-4040

Drop-off:

WM
1150 W City Ranch Rd
Palmdale, CA 93551

Fax:

(661) 274-4289
Attn: Customer Service

Account Number: _____ Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____

Date of Birth: _____ Age: _____

Signature: _____

******FOR OFFICE USE ONLY******

Date Received: _____ Received By: _____ Effective Date: _____

Approved: _____ Denied: _____

Comments: _____