

CITY OF ESCALON
SENIOR/ DISABLED DISCOUNT FORM
For 60 Gallon Garbage Can Only

Account # _____ **Date** _____

Name _____ **Phone #** _____

Service Address _____ **Escalon, CA 95320**

DOB _____ **Age** _____ **Include a copy of your driver's license as proof that you are at least 67 years of age and reside at the address listed above.**

Disabled _____ **Include a copy of Social Security Disability Award letter as proof of permanent disability**

Signature _____ **Date** _____

Please return form to: 2060 McHenry Ave
Escalon CA 95320

OR fax the form to: 209.691.7409
OR email to: utilities@cityofescalon.org