



**Alhambra Roll-Out Service Application  
Qualifying Senior Citizens and Physically Disabled**

In order to qualify, you must complete this form and return it to our office with copies of documentation indicating your eligibility. Please email to [alhambra@republicservices.com](mailto:alhambra@republicservices.com) or mail to:

**Attn: Republic Services  
104 S. First St  
Alhambra, Ca 91801**

**\*\* Please do not send us any original documentation\*\***

Senior Citizen 62-years of age or older; head of household

Physically disabled or handicapped

If you have any questions regarding this program, please contact us TOLL FREE at (800) 299-4898 or email us at [alhambra@republicservices.com](mailto:alhambra@republicservices.com)

NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**AGE VERIFICATION:** (Requires at least 1 copy of the documents below)

California Driver's License #: \_\_\_\_\_ California I.D. Card #: \_\_\_\_\_

Other: \_\_\_\_\_

**DISABILITY VERIFICATION:** (Requires at least 1 copy of the following documents i.e. driver's license, identification card, birth certificate or Department of Motor Vehicles handicap registration)

\_\_\_\_\_

**The above-mentioned resident certifies that the information above is true and accurate.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*\*OFFICE USE ONLY\*\*\***

**Date Received:** \_\_\_\_\_ **Verified By:** \_\_\_\_\_

**Verified Senior Citizen:** \_\_\_\_\_

**Verified Physical Disability:** \_\_\_\_\_