



ALLIED WASTE SERVICES
11101 W. EXECUTIVE DR.
BOISE, ID 83713
P: 345-1265 F: 375-9591

APPLICATION FOR SENIOR CITIZEN RATE PROGRAM

NAME:	

Last, First, MI	
ADDRESS:	
_____	_____
Number & Street	Apt #

City, State, Zip	
TELEPHONE:	() _____
DATE OF BIRTH:	_____
ALLIED WASTE ACCOUNT NUMBER:	_____

Proof of age must be attached to the application. The information associated with this application has been examined by me, and is, to the best of my knowledge and belief, true, correct and complete.	
APPLICANT'S SIGNATURE:	_____
DATE:	_____

Date City Faxed To AWS: _____	Staff: _____
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FOR OFFICIAL USE ONLY:	
Date received: _____	Customer notification date: _____
Approved Disapproved Authorized by: _____	Date: _____