

VILLAGE OF LA GRANGE PARK

SENIOR REFUSE AND RECYCLING COLLECTION PROGRAM APPLICATION

Name: _____	Address: _____
Phone Number: _____	Email: _____

ARE YOU 65 YEARS OF AGE OR OLDER?

YES **NO**

I hereby certify that I, as a resident of La Grange Park, am a senior citizen, aged 65 years or older, and understand that I may be required to show proof of age by the Village of La Grange Park or Lakeshore Recycling Systems.

Signature: _____ Date: _____

Please send applications to:

Lakeshore Recycling Systems
6132 Oakton Street
Morton Grove, IL 60053

Or email applications to:

LaGrangePark@LRSrecycles.com