



**SOUTH TAHOE REFUSE  
APPLICATION AND AGREEMENT  
FOR QUALIFIED LOW INCOM SENIOR RATE**

**Thank you for participating in our Low-Income Senior Program. We are updating our system and are asking all participants to complete the application on the back side of this letter.**

**We will need a copy of your current Liberty bill (for CARE program verification) and your ID along with the application.**

**You may mail it back in the provided envelope or email the application, copy of current Liberty bill and ID to: [info@southtahoerefuse.com](mailto:info@southtahoerefuse.com)**

**Or visit our website at: [www.southtahoerefuse.com](http://www.southtahoerefuse.com) to fill out this application and submit electronically.**

**Thank you for your cooperation,**

**South Tahoe Refuse**



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APPLICATION AND AGREEMENT  
FOR QUALIFIED LOW INCOME SENIOR RATE**

**THIS FORM IS ALSO ON OUR WEBSITE AT: WWW.SOUTHTAHOEREFUSE.COM**

**To participate in this program, you must qualify for the Liberty Utilities CARE Program.  
Program Requirements:**

- ✓ Age 65 or older
- ✓ Current participation in the Liberty Utilities CARE Program. **Please include a copy of your most recent billing showing participation in the CARE Program.**
- ✓ Permanent, Fulltime South Lake Tahoe resident at said address.
- ✓ Your account with South Tahoe Refuse Company must be in good standing.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Age and Birthdate: \_\_\_\_\_

**Please Read and initial the following:**

In the event I no longer qualify for the CARE Program or the above premises is leased, rented, sold, transferred, conveyed or occupied by any other person or persons other than the undersigned, I agree to immediately notify South Tahoe Refuse Company and understand that the Qualified Senior Rate will end and the regular service rate will resume. \_\_\_\_\_

I agree to keep my account in good standing. \_\_\_\_\_

I declare under penalty of perjury, under the laws of the State of California, that the foregoing application and representations are true and correct.

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

Signature \_\_\_\_\_

***Return your completed application with a copy of your ID and your most recent Liberty Utility billing showing participation in the CARE Program to:  
2140 Ruth Ave, South Lake Tahoe, CA 96150***

**For Office Use Only**

Acct. # \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_

CSR \_\_\_\_\_