

## Livermore Sanitation, Inc. Income-Based Program for Garbage, Recyclables and Organics Collection Services

If you currently qualify for the California Alternate Rates for Energy (CARE) program administered by Pacific Gas and Electric Company (PG&E), you may qualify to receive 32 or 64 gallons of weekly garbage service at the 20 gallon rate. To be eligible you must:

- Be the account holder and the current occupant of the service address and have only one residential account with Livermore Sanitation.
- Demonstrate current enrollment in the CARE program by providing a copy of your most recent PG&E bill or a copy of your CARE certification letter.
- Recertify for this income-based program annually. Three months before your discount expires, you will receive a letter giving you the opportunity to reapply if you still qualify under the current program guidelines.

The CARE application and information can be found here: <a href="http://www.pge.com/en/myhome/customerservice/financialassistance/care/singlefamily/index.page">http://www.pge.com/en/myhome/customerservice/financialassistance/care/singlefamily/index.page</a>

INSTRUCTIONS: Please print or type the requested information. Attach a copy of your most recent PG&E bill or a copy of your CARE certification letter.

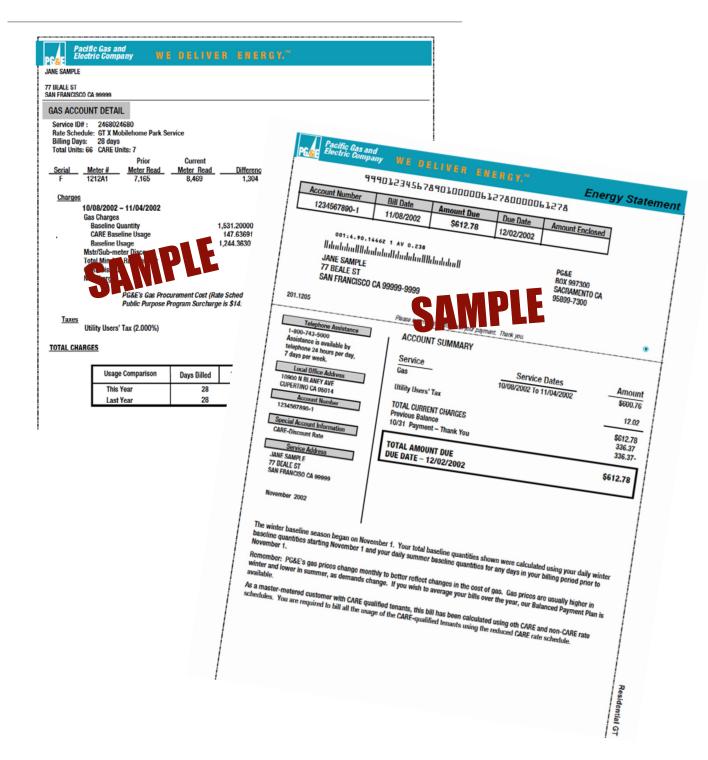
Date of Application:	
Customer Name:	
Address:	
Street	
City	
Daytime Phone	Email Address
Account Number:	
, , ,	d am therefore qualified for Livermore Sanitation's income-based inform Livermore Sanitation within 30 days. I understand that I am ery year.
Signature	Date
	33-3596 or mailed or hand-delivered to: Livermore Sanitation, Inc., o not email PDF forms. For emailing option, please use the online form

June 2016

option on our website: www.LivermoreSanitation.com



## Livermore Sanitation, Inc. Income Based Program for Garbage, Recyclables and Organics Collection Services PG&E Invoice Sample



March 2016



If approved, internal routing: Accounting/Filing  $\Box$ 

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## FOR STAFF USE LSI Account Number \_\_\_\_\_ Route Number \_\_\_\_\_ Regular Quarterly Billing \_\_\_\_\_\_ Service Day **ELIGIBILITY** Review completed by \_\_\_\_\_\_ On \_\_\_\_ LSI Representative ☐ Approved Denied IF DENIED, REASON: ☐ Insufficient proof of current CARE certification. Other, explain:

March 2016