

## On-Premise/Backyard Collection Service Application

## For Residents with Physical Limitations

**Instructions:** If you are physically limited, on-premise/backyard collection service is available at no extra cost. **There must** be no other residents in the home physically able to move the cart(s) to the curb for collection. To receive this service, complete the application and have a licensed medical doctor authorized to practice medicine in the state of California certify this form. Mail the completed form to GreenWaste at the address at the bottom of the page. Upon receiving the completed application, GreenWaste will schedule a service appointment. Upon approval, you will be notified and begin receiving on-premise service.

Applicant's Name		Service Address	
Applicant 8 Ivanie		Service Address	
Daytime Telephone Number		Number of people in househole	d able to assist in moving carts
		Adult(s)	Child(ren)
Physician's Certification:			
I the undersigned, hereby certify that I am a licensed medical doctor authorized to practice medicine in the State of California.  I further certify that my patient, (name of applicant), has an ongoing physical			
I further certify that my patient, (name of applicant), has an ongoing physical limitations and is unable to move his/her carts to the curb for collection.			
Doctor's Signature Date Doctor's License Number		Doctor's License Number	
C			
Print Doctor's Name		Telephone Number	
Time Booter ST want		Totophone Tourison	
Business Address		Fax Number	
Applicant's Certification:			
I certify that I do not have assistance in my household to move carts to the curb. I will notify GreenWaste to verify my eligibility. I will notify			
GreenWaste of any changes in my physical condition or to my household members. Under penalties of perjury. I declare that all information in this application is true, correct and complete. I understand that GreenWaste may request annual renewal of application and certification.			
Applicant's Signature			Date
For Official Use Only	Received Date	Date of Service Appointment	Reviewer Name
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Approved/Denied	Effective Date	Renewal Date	Reviewer Signature

Mail or Email Application to:

Questions?

GreenWaste of Palo Alto 2765 Lafayette St Santa Clara, CA 95050 pacustomerservice@greenwaste.com Contact GreenWaste at 650-493-4894(Direct)