



On-Premises Collection Service Application

For South Santa Clara County Residents with Permanent Physical Limitations

If you are permanently physically limited, the On-Premises collection service for Base Services may be available to you at no extra cost. **There must be no other persons residing in or providing services to the home on a weekly basis that are physically able to move the cart(s) to the curbside collection location.** To receive this service accommodation, complete the application and have a licensed medical doctor authorized to practice medicine in the State of California certify this form. After receiving the completed application, GreenWaste will schedule a service appointment to evaluate the site. Upon approval, you will be notified and On-Premises collection services, or an alternative methodology of accommodation, will begin immediately. For additional information, please contact GreenWaste Customer Service at (408) 938-4970.

APPLICANT INFORMATION						
Applicant Name		Number of persons residing in household: _____				
Phone Number		Number of persons residing on property/parcel: _____				
Service Address		Number of able-bodied persons in household <u>or</u> on property: _____				
		Do you have a gardener or landscape services? Yes No				
		Are there any other persons on site at least weekly that can assist with moving carts? Yes No				
PHYSICIAN CERTIFICATION						
<i>I hereby certify I am a licensed medical doctor authorized to practice medicine in the State of California and the applicant above is my patient and has an ongoing and permanent physical limitation that specifically renders him/her unable to move a wheeled solid waste cart to the street or curb. Note: If the applicant has a placard for a permanent disability, proof that the placard has been issued to the applicant can be provided in lieu of the Physician Certification.</i>						
Doctor Signature		Date		License Number		
Doctor Name				Phone Number		
Business Address				Fax Number		
APPLICANT CERTIFICATION						
<i>I hereby certify that I do not have any able-bodied persons in my household or at my property on a weekly basis to move my carts to the street or curb. I authorize GreenWaste to verify my eligibility and understand GreenWaste may request annual renewal of my certification. <u>I will notify GreenWaste of any improvements in my physical condition, changes to my household members that affect this application, including new or more frequent services provided by a gardener or other able bodied service providers that visit my home at least once a week and can assist with moving carts.</u> Under penalties of perjury, I declare that all information on this application is true, correct and complete and expressly authorize GreenWaste to retroactively charge my account for all On-Premises services received if any part of my application is false or misleading.</i>						
Applicant's Signature					Date	
OFFICIAL USE ONLY	Date Received:	Appointment Date:	Approval/Denial Date:	Approved/Denied by:	Effective Date:	Renewal Date:

Submit Completed Application to GreenWaste.

Mail: P.O. Box 1928, Marina, CA 93933

Email: santacruzcs@greenwaste.com