# On-Premise/Backyard Collection Service Application

## *For Residents with Physical Limitations*

If you are physically limited, on-premise/backyard collection service is available to you 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. Upon receiving the completed application, GreenWaste will schedule a service appointment to evaluate the site. Upon approval, you will be notified and on-premise collection services will begin immediately. For additional information, please contact GreenWaste Customer Service at 877-203-8970.

| **APPLICANT INFORMATION** | |
|---|---|
| Applicant Name | Daytime Phone Number |
| Service Address | Number of people in household able to assist in moving carts:<br>Adult(s): Child(ren): |

| **PHYSICIAN CERTIFICATION** | |
|---|---|
| *I hereby certify I am a licensed medical doctor authorized to practice medicine in the State of California. I further certify that the person named as applicant above is my patient and has an ongoing physical limitation that renders him/her unable to move garbage, recycling and/or yard trimming carts to the curb for collection.* | |
| Doctor Signature Date | License Number |
| Doctor Name (Print) | Phone Number |
| Business Address | Fax Number |

| **APPLICANT CERTIFICATION** | |
|---|---|
| *I hereby certify that I do not have assistance in my household to move my carts to the curb. I authorize GreenWaste to verify my eligibility and understand GreenWaste may request annual renewal of application and certification. 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 on this application is true, correct and complete.* | |
| 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
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