



Backyard Refuse Collection for Residents with a Physical Hardship

Please provide the following information as it appears on your trash bill.
Please print clearly.

Name: _____

Address: _____

Phone #: _____ Date of Birth: _____

Driver's License Number or SSN #: _____

I certify that:

- ❖ All members of the household have DMV placards indicating a *physical disability*.

Placard Number: _____ Date Issued: _____

Expiration Date: _____ **AND;**

- ❖ No other able-bodied person lives at the residence.

I have attached a copy of my DMV certificate, certifying my disability.

X _____ Date: _____
Applicant Signature

***To continue receiving free backyard pick-ups, forms must be submitted annually by July 1st.**

-----OFFICIAL USE ONLY-----

Reviewed by: _____ Date: _____

Original copy to Waste Management