



On-Premise Collection Service Application

For LAH Residents with Permanent Physical Limitations

If you are permanently physically limited, On-Premise 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 within 10' of the nearest off-premise collection location and retrieve carts following collection service.** 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-Premise collection services, or an alternative methodology of accommodation, will begin immediately. For additional information, please contact GreenWaste Customer Service at 650-947-4994.

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 and from the street or curb. I authorize GreenWaste to verify my eligibility and understand GreenWaste may request annual certification renewal. 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 weekly and can assist with moving carts. 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-Premise 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:
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Submit Completed Application to GreenWaste.

Mail: 1500 Berger Drive, San Jose, CA 95112

Email: losaltoshills@greenwaste.com