



City of San José
 200 E Santa Clara St., 10th Floor
 San José, CA 95113

DISABLED ON-PREMISE APPLICATION

Applicant's Name and Address	Provide bill/ mailing address if it is different from the service address.	CITY USE ONLY
		Account Number:
		Case #:

On-Premise service is provided for individuals who are unable to move their garbage, recycling and yard trimmings carts to the curb for collection. In order to qualify, there must be no other residents in the home physically able to move the carts to the curb for collection. This service is provided at no extra cost to eligible residents. Please complete the information below. A medical doctor licensed to practice in the State of California must certify this form.

Daytime Telephone Number(s)	Where on your Property, are the carts located for pick-up?			
Owner or Care Provider Name & Address	Name of Townhome/Condominium Complex or Mobile Home Park			
Telephone Number	Telephone Number			
Number of people in the household Adult(s) Child(ren)	Would you like a yard-trimming cart at no cost?	NO	YES	
	If yes, make cart size selection	32	64	96

DOCTOR'S CERTIFICATION

I, the undersigned, hereby certify that I am a medical doctor licensed to practice medicine in the State of California. I further certify that my patient named below has an ongoing physical disability that prevents him/her from moving the garbage, recycling, and/or yard trimmings carts to the curb for collection.

Patient's Name	Doctor's License Number		
Doctor's Signature	Date	Print Name	
Business Address	Telephone Number	Fax Number	

APPLICANT'S CERTIFICATION

I certify that there is no capable person living in the house to move the garbage cart, recycling cart and yard trimmings cart to the curb for collection. I authorize the changes to be made to my garbage service, and agree to have my eligibility verified at the request of the City of San José. I will notify Customer Contact Center of any changes in my physical condition or to my household members. Under penalty of perjury, I declare that all information on this application is true, correct and complete. I understand the submission of false documentation will result in financial liability for the full subscription price for services granted from date of original approval.

Applicant's Signature				Print Name			Date
CITY USE ONLY	Approved date	Approved by	Denial date	Denied by	Delay Date	Delay by	Effective date