



City of Arcadia

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: _____

To qualify for the free backyard service, you are required to include the following with this application:

- ❖ Documentation from your physician stating a disability, or
- ❖ A copy of disability placard or DMV paperwork,

Placard Number: _____ Expiration Date: _____; and

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

X _____ Date: _____
Applicant Signature

*****To continue receiving free backyard service, application and proof of physical hardship must be submitted annually by July*****

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

Reviewed by: _____ Date: _____

Original copy to Waste Management