



# 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

City of Arcadia Public Works Services Department  
(626) 254-2720 | Fax: (626) 359-7028 | Email: [PublicWorks@ArcadiaCA.gov](mailto:PublicWorks@ArcadiaCA.gov)