



# 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: \_\_\_\_\_

Driver's License Number #: \_\_\_\_\_

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 1<sup>st</sup>.**

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

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Original copy to Waste Management