

**WASTE MANAGEMENT
CITY OF SAN DIMAS
DISCOUNT REQUEST FORM**

APPLICANT INFORMATION

Name: _____ **Phone:** _____

Address: _____

Email: _____

Waste Management Customer ID: _____

DISCOUNTS (please check):

_____ **Senior Discount** – residents at least 65 years of age (**Copy of ID required**)

_____ **Free Backyard Service-** For residents with a physical disability (fill out page 2)

_____ **Drought Tolerant Landscape Discount**—to qualify for this discount, residents must Surrender green waste carts and not receive green waste service.

Check Additional Requests (if applicable)

_____ Switch to 35 gallon trash container (with Senior Discount)

_____ Switch to 64 gallon trash container (with Senior Discount)

_____ Switch to 96 gallon trash container (with Senior Discount)

_____ Switch to 35 gallon green waste and recycling carts (for residents with physical Hardship or disability)

Signature: _____ **Date:** _____

For questions filling out this form please contact Waste Management at (800) 266-7551 or email cslosangeles@wm.com. Please return this form to Waste Management via:

1. Email- cslosangeles@wm.com
2. Fax: (323) 832-7920
3. Mail to: 5701 S Eastern Ave. Suite 300 Commerce CA 90040.

BACKYARD SERVICE FOR DISABLED CUSTOMERS

Waste Management shall provide qualified disabled customers with backyard garbage service. Waste Management will remove refuse, Recyclable and Green Waste containers from resident storage area, place them out for collection, and return containers to resident storage area after collection.

PROGRAM REQUIREMENTS:

1. All occupants of the residence are disabled and without available in-house assistance from an able-bodied resident.
2. Complete and sign the Request for Residential Waste Hauler Rate Discount Form (page 1) in addition to this application.
3. Attach a note from your physician certifying that you are unable to move garbage carts to the curb due to mobility impairment. Please have your physician specify the anticipated length of time. It is not necessary to state the reason for mobility impairment. Your doctor may fax the note to Waste Management at: (323) 832-7920 .
4. Provide a copy of your Department of Motor Vehicles (DMV) disabled placard. If you don't have a DMV issued place card, a copy of your Department of Veteran's Affairs Disability Card or note from your physician in acceptable.
5. Prior to receiving approval for this service, Waste Management must conduct a site visit to verify service can be provided.
6. **For questions filling out this form please contact Waste Management at (800) 266-7551 .**

PLEASE READ, SIGN AND DATE

I certify that my residence qualifies for the Backyard Garbage Service pursuant to the Program Requirements listed above and declare under penalty of perjury under the laws of the State of California that this statement and the information provided in this application is true and correct.

Print Name: _____

Signature: _____ Date: _____