



DEPARTMENT OF PUBLIC WORKS

ONE DETJEN DRIVE | CRESTWOOD, MO 63126 | 314-729-4720

Disabled Resident Valet
Trash Application

(For location of trash containers)

Resident Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email address: _____

Location of trash containers on pick-up day _____

- This application must be filed with the City Clerk’s Office before being forwarded to the Public Works Department.
- Disabled Resident must be a minimum of 18 years of age or older.
- Disabled Resident must provide a signed doctor’s note stating their disability for verification.

I declare that this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

OFFICE USE ONLY

<u>City Clerk’s Office</u>	
Enrollment Verified by _____	
Date _____	

<u>Public Works Office</u>	
Date added to PW records _____	
Date confirmed w waste hauler _____	