



DEPARTMENT OF PUBLIC SERVICES

Handicap/Valet Enrollment Program

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Birthdate: _____

Where will you place the trash for pickup? _____

Handicap/Valet Enrollment Program Eligibility

- A program application must be filed with the City Clerk’s Office before being forwarded to the Public Works Department.
- **Disabled residents** 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 with waste hauler: _____