



Livermore Sanitation, Inc. On-Premise Collection Application

Livermore Sanitation, Inc. may grant on premise collection for garbage, recyclables, and organics for people with physical limitations if there is no caretaker or other resident living on property that is able to place carts out for curbside collection. A description of the physical limitation and verification/doctor's note is required to complete application.

INSTRUCTIONS: Please print or type the requested information. Return completed form and proof of physical limitation to LSI at the address printed at the bottom of this page.

Date of Application: _____

Customer Name: _____

SERVICE Address:	MAILING/BILLING Address (if different from service):
Street _____	Street _____
City _____	City _____
State, Zip Code _____	State, Zip Code _____

Daytime Phone _____ Email Address _____

List all occupants living on premises:

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

I certify that I own or occupy the property address listed above, and that I have a physical limitation that does not allow me to place my carts at the curb for service. I am attaching the following document(s) as proof of my physical limitation:

Signature _____ Date _____

DOWNLOADED FORMS CAN BE: faxed to: (925) 583-3596 or mailed or hand-delivered to: Livermore Sanitation, Inc., 7000 National Drive, Livermore, CA 94550. Please do not email PDF forms. For emailing option, please use the online form option on our website: www.LivermoreSanitation.com



FOR STAFF USE

LSI Account Number _____ Route Number _____
Regular Quarterly Billing _____ Service Day _____

ELIGIBILITY

Review completed by _____ On _____
LSI Representative Date

WApproved

WDenied

IF DENIED, REASON:

WInsufficient proof of physical limitation.

WAble-bodied resident living on premise.

WApplicant's name does not match property owner's/account holder's name.

WOther, explain:

If approved, internal routing: LSI Accounting/Files **W**