



ALAMEDA COUNTY INDUSTRIES

## On-Premise Collection Application

ACI will provide on-premise (backyard) service of garbage, recyclables and organics carts to people with physical limitations. There is no charge when the physical limitation is documented **AND** there is no family member, caregiver or other person living in the home who is capable of delivering the carts to and from the curb.

Please print or type the information requested below. Return completed form and proof of physical limitation to the ACI address provided at the bottom of this page. A copy of a current DMV-issued disabled placard or recently dated doctor's letter are commonly accepted forms of proof. Contact us to discuss other acceptable forms.

Customers receiving free on-premise collection due to a physical limitation are required to resubmit this application annually. A reminder notice and updated application are sent by mail.

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 \_\_\_\_\_

COMPLETED FORMS CAN BE:

emailed to: [info@alamedacountyindustries.com](mailto:info@alamedacountyindustries.com)

faxed to: 510-357-7329

mailed or hand-delivered to: Alameda County Industries, 2307 Blanding Avenue, Suite B, Alameda, CA 94501

March 2015



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### FOR STAFF USE

ACI Account Number \_\_\_\_\_ Route Number \_\_\_\_\_  
Regular Quarterly Billing \_\_\_\_\_ Service Day \_\_\_\_\_

### ELIGIBILITY

Review completed by \_\_\_\_\_ On \_\_\_\_\_  
*ACI Representative* *Date*

- Approved
- Denied

### IF DENIED, REASON:

- Insufficient proof of physical limitation.
- Able-bodied resident living on premise.
- Applicant's name does not match property owner's/account holder's name.
- Other, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If approved, internal routing: ACI Accounting/Files

March 2015