City of Palo Alto Household Hazardous Waste (HHW) Collection Program
Application for On-Premises HHW Collection for Persons with Physical Limitations

INSTRUCTIONS: If you are physically limited, on-premises HHW collection service is available at no extra cost. To receive this service, please fill out 1-3 below, and have your doctor fill out Section 1. Mail the entire form back to the address at the bottom of the page. Upon approval, you will be notified and given an appointment on the day of monthly HHW collection events to begin receiving on-premises service.

1. APPLICANT'S NAME, ADDRESS AND DAYTIME TELEPHONE NUMBER

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. NAME of Mobile Home Park or Condominium/Townhouse Complex (if applicable):

________________________________________________________________________

3. I certify that there are no non-physically limited persons living in my household who can provide assistance with transporting HHW to the monthly collection events.

Signature ___________________________ Print Name ___________________________

SECTION 1  Doctor's Certification

I, the undersigned hereby certify that I am a licensed medical doctor authorized to practice in the State of California.
I further certify that _____________________________ (name of applicant) is my patient and that (s)he has an ongoing physical limitation which prevent him/her from lifting, carrying, or moving his/her household hazardous waste (HHW) to the monthly HHW collection events.

_____________________________________________ _______________________________
Date                                           Doctor's Signature             License Number

_____________________________________________ _______________________________
Print Name                                      Phone Number

Mail completed form to:
HHW COLLECTION PROGRAM
PUBLIC WORKS OPERATIONS
CITY OF PALO ALTO
P.O. BOX 10250
PALO ALTO, CA 94303

Questions? Please call 496-6980