
Last Name

First Name

**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

Business Address		

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