



## REFUSE OR RECYCLE ASSISTED SERVICE APPLICATION

**DISCLAIMER:** *The City of Grand Rapids reserves the right to make changes to the assisted service program in the future.*

**1. Eligibility Requirements for Refuse or Recycle Special Pick Up:**

- A current physician's statement of physical disability within the last 12-months.
- No other residents without physical disability living with applicant.
- Must be a registered customer with Smart Cart Refuse or Recycle service.
- Must agree to an annual review of qualification that is determined by the city Solid Waste Supervisor or his designee.

**2. Guidelines of Assisted Service:**

- Customer must provide: Name, Address, Telephone Number, email (if applicable)
- Customer must indicate where Refuse or Recycle cart will be picked up
- Our employees do not enter buildings or fences (Unless approved by Supervisor)
- Due to employee safety, a clear path to cart must be provided (Including snow, ice, debris, animals)
- All trash must be bagged
- No overloaded carts, the cart lid must be able to close
- Sign must be posted on cart or in window if you do not want cart serviced

**3.** The City of Grand Rapids reserves the right to discontinue service at any time if service is in violation of the Guidelines above and/or city ordinances.

**4.** Please fill out the back of this form, attach physician's statement and either mail, email or deliver to:

• **Department of Public Works**

1500 Scribner Avenue NW Grand Rapids, MI 49504

[publicworks@grand-rapids.mi.us](mailto:publicworks@grand-rapids.mi.us)



**Please fill out the following information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please check which services you have:**

**Refuse:** \_\_\_\_ **Recycle:** \_\_\_\_

**Pick-up location for the Refuse or Recycle Cart:**

\_\_\_\_\_

**[be specific with location]**

**No Service Sign Placement:**

\_\_\_\_\_

**[be specific with location]**

**By signing this form I agree to the Guidelines and Requirements of this service:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_