



## Premise Collection Application

Livermore Sanitation, Inc. may grant on premise collection for garbage, recyclable materials, and organic materials 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:** \_\_\_\_\_

<b>Name:</b>	_____
<b>Address:</b>	_____
	<b>Property Address</b> _____ <b>Zip Code</b> _____
	<b>Mailing Address</b> _____ <b>Zip Code</b> _____
<b>Email address:</b>	_____
<b>Daytime Phone:</b>	_____
<b>List all occupants living on premises:</b>	
<b>Name:</b>	_____ <b>Age:</b> _____
<b>Name:</b>	_____ <b>Age:</b> _____
<b>Name:</b>	_____ <b>Age:</b> _____
<b>Name:</b>	_____ <b>Age:</b> _____
<b>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:</b> _____	
_____	
<b>Signature:</b>	_____ <b>Date:</b> _____

Completed applications and attachments can be scanned and emailed to [billing@livermoresanitation.com](mailto:billing@livermoresanitation.com).  
Or faxed to (925) 583-3596.

Mail completed form and attachments to: Livermore Sanitation, Inc. 7000 National Drive Livermore, CA 94550.



**For Staff Use**

LSI Account Number: \_\_\_\_\_ Route Number: \_\_\_\_\_

Regular Quarterly Billing: \_\_\_\_\_ Service Day: \_\_\_\_\_

**Eligibility**

Review completed by: \_\_\_\_\_ On: \_\_\_\_\_  
*LSI 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: LSI Accounting/Files