



RESIDENTIAL WASTE HAULER RATE DISCOUNT REQUEST FORM

APPLICANT INFORMATION:

Name: _____ Phone: _____

Address: _____

Email: _____

ELIGIBLE DISCOUNTS INCLUDE (please check):

- _____ **Senior Discount**– Residents at least 60 years of age. A copy of ID required)
- _____ **Composting Discount**– Residents composting green waste. This discount requires the removal of the green container
- _____ **Backyard Service**–Residents with a physical disability

Action Requested:

- _____ Switch to 35 gallon trash container (with Senior Discount)
- _____ Switch to 64 gallon trash container (with Senior Discount)
- _____ Switch to 35 gallon green waste and recycling carts (for residents with a physical hardship or disability)
- _____ Remove Green Waste Container (applicable with Composting Discount Only)
- _____ Yes! Please add me to the email list in order to receive the City’s EnviroLink Newsletter with information about recycling services/programs and upcoming events.

Signature: _____ Date: _____

For questions filling out this form please contact the City at 909.839.7015. Please return this form to the City of Diamond Bar Environmental Service via:

1. Mail: 21810 Copley Drive, Diamond Bar CA. 91765
2. Email: greendb@diamondbarca.gov
3. In person
4. Fax: 909.861.3117

-----FOR OFFICE USE ONLY-----

Verified By: _____ Submitted to WM: _____

City Employee Signature Date

Confirmed By WM: _____ Date: _____/Time: _____

BACKYARD GARBAGE SERVICE APPLICATION

Waste Management shall provide qualified disabled customers with backyard garbage service. Waste Management will remove refuse, Recyclable and Green Waste containers from resident storage area, place them out for collection, and return containers to resident storage area after collection.

PROGRAM REQUIREMENTS:

1. All occupants of the residence are disabled and without available in-house assistance from an able-bodied resident.
2. Complete and sign the Request for Residential Waste Hauler Rate Discount Form (page 1) in addition to this application.
3. Attach a note from your physician certifying that you are unable to move garbage carts to the curb due to mobility impairment. Please have your physician specify the anticipated length of time. It is not necessary to state the reason for mobility impairment. Your doctor may fax the note to City Hall at 909. 861.3117.
4. Provide City Hall with a copy of your Department of Motor Vehicles (DMV) disabled placard. If you don't have a DMV issued place card, a copy of your Department of Veteran's Affairs Disability Card or note from your physician in acceptable.
5. For questions filling out this form please contact the City at 909. 839.7015.

PLEASE READ, SIGN AND DATE

I certify that my residence qualifies for the Backyard Garbage Service pursuant to the Program Requirements listed above and declare under penalty of perjury under the laws of the State of California that this statement and the information provided in this application is true and correct.

Print Name: _____
Signature: _____ Date: _____

-----**For Office Use Only**-----

Verified by: _____ Submitted to Waste Management _____
Employee Signature Date

Confirmed by WM Employee _____ / _____
Date Time

For questions filling out this form please contact the City at 909. 839.7015