



RESIDENTIAL WASTE HAULER RATE DISCOUNT REQUEST FORM

APPLICANT INFORMATION

Name: _____ Phone: _____

Address: _____

Email: _____

ELIGIBLE DISCOUNTS (please check):

_____ **Senior Discount** – residents at least 60 years of age (Copy of ID required)

_____ **Composting Discount**- For residents composting green waste; this discount
Requires the removal of the green cart.

_____ **Backyard Service**- For residents with a physical disability (fill out page 2)

_____ **Disabled Resident Discount**-, applicant must be listed as the account holder, Provide a copy of WM Bill , California Drivers License/ID, and copy of DMV Disability Placard

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 physical
Hardship or disability)

_____ Remove green waste container (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 Services via:

1. Mail-21810 Copley Drive, Diamond Bar
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

Confirmed by WM Employee _____ Date: _____/Time: _____

City of Diamond Bar 21810 Copley Drive Diamond Bar, CA. 91765



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