



Raymond Romney, CRP, SRMP, CPWM
Director of Public Works

**NEW REQUEST FOR
REAR/SIDE YARD ASSISTANCE FORM
FOR DISABLED OR INFIRM RESIDENTS**

NAME: _____

LOCATION OF RESIDENCE: _____

I have read and understand the STANDARD OPERATING PROCEDURES; therefore, I hereby certify that I am unable to place my kitchen and household garbage curbside due to a disability and there is no other person living in the household who can perform such task.

By completing this application form, it is understood that the Rear/Side Yard Collection Assistance for Disabled or Infirm Residents Service will be provided in accordance with the regulations stated on April 22, 2015 (revised from 7/14/08) policy.

Date

Signature

Daytime Phone Number

Print Name

Email Address

Verification on the back of this form must be completed by DPW Office Staff.

VERIFICATION:

*Doctor's Note

Doctor's Name: _____

Address: _____

Date: _____

Phone: _____

*NJDMV Handicapped ID

ID #: _____

Expiration Date: _____

Date Received in DPW Office: _____

Inspected by: _____ Date of Inspection: _____

Approved By: _____

Renewal Due: _____

Notice Sent: _____ By: _____

Copy of Handicapped ID Card/Placard or Original Doctor's note must be attached.

9/20

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