



Application for Assisted Pick-up
(revised 3/14/17)

Date of Request: _____

Name: _____ Telephone: _____

Address: _____ Mailing Address (if different) _____

Please describe your hardship: _____

1. Is the hardship a permanent situation? Yes No
2. If not permanent, how long will you need assisted pick-up? _____
3. Where will your refuse be located? (Must allow quick and easy access by the solid waste staff):

By completing and signing this application, you are giving the Solid Waste Department permission to enter your private property to collect household refuse. It is understood that the Solid Waste Department will not be responsible for any damage to property which may occur as a result of collecting household trash, recycling, or yard debris on private property. All household trash, recycling, and yard debris must meet Village standards before it will be collected.

Resident Signature: _____ Date: _____

Date and name of staff member who made visit

Name: _____ Date: _____

Is assisted pick-up justified? Yes No

Employee Signature:

Documentation of hardship:
Handicap Sticker #:
Other (doctor's letter or prescription):