



On Premise Service Application CITY OF SAN LEANDRO

ACI will provide on-premise (backyard) service of garbage, recyclables, and organics carts to people with physical limitations. There is no charge when the physical limitation is documented **AND** there is no family member, caregiver or other person living in the home who is capable of delivering the carts to and from the curb.

Please print or type the information requested below. Return completed form and proof of physical limitation to the ACI address provided at the bottom of this page. A copy of a current DMV-issued disabled placard or recently dated doctor's letter are commonly accepted forms of proof. Contact us to discuss other acceptable forms.

Customers receiving free on-premise collection due to a physical limitation are required to resubmit this application annually. A reminder notice and updated application are sent by mail.

Date of Application: _____

Customer Name: _____

ADDRESS:

MAILING/BILLING ADDRESS (if different from service):

Street _____

Street _____

City _____

City _____

State, Zip Code _____

State, Zip Code _____

Please supply at least one reliable phone number:

Work Phone _____

Home Phone _____

Cell phone _____

Email Address _____

List all occupants living on premises:

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Please describe the location where the carts will be located for driver access: _____

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:

Signature _____

Date _____

COMPLETED FORMS CAN BE:

emailed to: info@alamedacountyindustries.com

faxed to: 510-357-7329

mailed or hand-delivered to: Alameda County Industries, 610 Aladdin Avenue, San Leandro, CA 94577

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510-357-7282 voice • 510-357-7329 fax • info@AlamedaCountyIndustries.com • www.AlamedaCountyIndustries.com



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FOR STAFF USE

ACI Account Number _____

Route Number _____

Regular Quarterly Billing _____

Service Day _____

ELIGIBILITY

Review completed by: _____

Date: _____

ACI Representative

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: ACI Files