



## Application for Solid Waste Special Handling Services

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**INSTRUCTIONS: If you have a physical condition that prevents you from moving your solid waste carts to the curb on a regular basis and would like to begin (or continue) receiving Special Handling service at no extra cost, please have your doctor fill out Section 1 and mail it to the address at the bottom of the page. If the restriction is short-term, please have your doctor fill out Section 1 and provide the beginning and end date of the restrictions. Upon approval, you will begin (or continue) receiving Special Handling Service.**

### SECTION 1                      Doctor's Certification

I, the undersigned, hereby certify that I am a licensed medical doctor authorized to practice in the State of California.

I further certify that \_\_\_\_\_ (name of applicant) is my patient and that (s)he has an ongoing physical condition which prevents him/her from moving his/her garbage, recycling and yard waste containers to the curb for collection on a regular basis and requires Special Handling Service be provided by the City for the time period stated below.

Beginning Date of Restriction	Ending Date of Restriction
Date	Doctor's Signature
	License Number
	Print Name
	Phone Number
	Address
	City, State, Zip

PUBLIC WORKS DEPARTMENT  
150 City Park Way, Brentwood, CA 94513  
[www.brentwoodca.gov](http://www.brentwoodca.gov)

Operations Division  
2201 Elkins Way, Brentwood, CA 94513  
Phone (925) 516-6000 - Fax (925) 516-6001

Solid Waste Operations  
2300 Elkins Way, Brentwood, CA 94513  
Phone (925) 516-6090 - Fax (925) 516-6091

Wastewater Operations  
2251 Elkins Way, Brentwood, CA 94513  
Phone (925) 516-6060 - Fax (925) 516-6061

## SECTION 2

## Applicant's Certification

I certify there are no able-bodied persons living in my household that could move my carts to and from the curb. I agree to notify the City of Brentwood if I move or if there are any changes to my condition or to members of my household who might be able to assist with the carts.

I, the undersigned, on behalf of myself and/or my heirs, successors or assignees, voluntarily release the City of Brentwood, ("City") and its officers, agents, employees and volunteers from any and all liability for injuries or death, or property damage resulting from or in any way connected with this service.

Additionally, I do forever release and hold harmless and indemnify the City and their officers, agents, employees and volunteers from all claims or rights of action for damages which myself and/or my heirs, successors or assigneds have or may hereafter have, resulting in any way connected with this solid waste special handling service.

I HAVE READ THIS RELEASE OF LIABILITY AGREEMENT, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

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Date

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Applicant's Signature

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Print Name

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