



Backyard Service Application Peninsula Sanitary Service, Inc.

Peninsula Sanitary Service, Inc. (PSSI) will provide backyard (concierge) service of trash, 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 PSSI 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 backyard (concierge) collection due to a physical limitation are required to resubmit this application every three years. 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 _____

Location of the carts to be serviced:

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: pssi@pssirecycling.com

mailed or hand-delivered to: PSSI, 339 Bonair Siding Road, Stanford, CA 94305



**Backyard Service Application
Peninsula Sanitary Service, Inc.**

FOR STAFF USE

PSSI Account Number _____ Route Number _____

Regular Quarterly Billing _____ Service Day _____

ELIGIBILITY

Review completed by: _____ Date: _____

PSSI Representative

Approved Denied

IF DENIED, REASON:

- Insufficient proof of physical limitation.
- Able-bodied resident living on premises.
- Applicant's name does not match property owner's/account holder's name.
- Other, explain:

If approved, internal routing: PSSI Accounting/Files