

Phone 314-729-4720

**Disabled Resident Valet**  
**Trash Application**

*(For location of trash containers)*

Resident Name \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Location of trash containers on pick-up day \_\_\_\_\_

- This application must be filed with the City Clerk’s Office before being forwarded to the Public Works Department.
- Disabled Resident must be a minimum of 18 years of age or older.
- Disabled Resident must provide a signed doctor’s note stating their disability for verification.

*I declare that this application is true and correct to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**

<u>City Clerk’s Office</u>
Enrollment Verified by _____
Date _____

<u>Public Works Office</u>
Date added to PW records _____
Date confirmed w waste hauler _____