



CITY OF MANTECA

SOLID WASTE DIVISION

DECLARATION OF SOLID WASTE SERVICE ASSISTANCE PROGRAM

DATE: _____ PHONE #: _____

RESIDENT NAME: _____

ADDRESS: _____

The above named resident has provided proof of their reduced mobility status in the following manner:

Handicap Placard Registration Certificate
(copy of placard with DMV registration in your name required)

Placard / License # _____

Permanent Temporary expiration date: _____

Physician's Statement Physician's Name: _____

Permanent Temporary expiration date: _____

The above named resident hereby declares under penalty of perjury that they are handicapped and there are no individuals living at the residence capable of moving the toters. The undersigned herein agrees to advise the City of Manteca of any changes in their handicap status. All carts will be left where they are found. If carts are out curbside upon driver's arrival, carts will be remain curbside after serviced.

Resident Signature: _____ Date: _____

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For Employee Use Only

Proof of Confirmation approved by: _____ Date: _____