

CITY OF PIEDMONT
120 VISTA AVENUE
PIEDMONT, CA 94611
TEL: (510) 420-3050
FAX: (510) 658-3167

RECEIVED _____
DATE FILED _____
(For staff use only)

APPLICATION FOR EXEMPTION FROM CURBSIDE PLACEMENT OF CARTS

The City of Piedmont may grant on-premises waste collection service at curbside prices for people with physical limitations if there is no caretaker or other resident living on property that is physically able to place carts out for curbside collection. A doctor's certification or a copy of a valid California disability placard is required to complete the application. NOTE: reporting of a specific medical diagnosis is not required.

INSTRUCTIONS: Please complete the following form. Return the completed form and proof of physical limitation to Piedmont City Hall. A new application must be submitted every year on or before May 15.

Customer Information:

| | |
|--|--------------------------------|
| Name(s) of Customer(s) _____ | |
| Republic Services Account Number: _____ | |
| Address of Property _____ | Zip Code: _____ |
| Mailing Address of Property Owner(s) (if different from above) _____ | |
| _____ City, State, Zip Code: _____ | |
| Telephone Number _____ | Preferred Contact Method _____ |
| Mobile Number _____ | Email _____ |

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 the applicant) is my patient and that they have an ongoing physical disability that would prevent them from being able to wheel the carts curbside each week. | | |
| _____ | _____ | _____ |
| Date | Doctors Signature | License Number |
| _____ | _____ | _____ |
| | Print Name | Phone Number |
| | _____ | _____ |
| | Business Address | |

*Note: In lieu of having the Doctor's Certification completed, you may instead attach a letter from your physician containing the same information as required.

Additional Information:

List of all occupants living on premises (Attach additional sheets if needed):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Describe the location of the trash cans: _____

By signing this form, I certify that I am the account holder and occupy the property listed above, that I have a physical limitation that does not allow me to move my waste, recycling and organics carts to the curb for service, and further, that there are no other occupants of the residence capable of moving the carts to the curb. I am providing documentation verifying my physical limitation that inhibits moving the carts to the curb. I understand that the medical certification must be renewed annually and that City may assess an administrative citation if I knowingly supply fraudulent information.

Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY:

Reviewer: _____

Date Reviewed: _____

Date Forwarded to RSS: _____

Decision: *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 holders name.
- Other, explain:

CITY OF PIEDMONT
POLICY FOR THE EXEMPTION FROM CURBSIDE PLACEMENT
OF GARBAGE, ORGANICS AND RECYCLING CARTS

SUBJECT: Exemption from Curbside Placement of Garbage, Organics and Recycling Carts

PURPOSE: To provide guidance to staff and residents concerning the exemption from curbside placement of garbage, organics and recycling carts for single-family residential households consisting only of residents who are physically unable to move their trash and recycling carts to the curb each week and seek to be provided On-Premises Collection Service.

GUIDELINES: The City of Piedmont has established the following guidelines concerning the exemption from curbside placement of garbage, organics and recycling carts for single-family residential households consisting only of residents who are physically unable to move their trash and recycling carts to the curb and seek to be provided On-Premises Collection Service.

1. The applicant must complete the Exemption from Curbside Placement application to the fullest extent and must provide a copy of a doctor's certification or a current California Disability Parking Placard with the initial application.
2. After the initial application has been filed, the applicant is required to provide an updated doctors certification or a current California Disability Parking Placard, once a year on or by May 15, unless an application has been filed by the applicant within the past nine (9) months. If the applicant fails to provide the annual proof of disability, they will be billed the on premises service fee.
3. As part of the application, the applicant must verify that there are no able-bodied residents or caretakers in the household who are physically able to move the carts to the curb.

PROCEDURE: Staff will review and act on all applications for the exemption to the curbside placement of garbage, organics and recycling carts in accordance with this policy within 30 days of receiving the application.

1. Staff will review the application in accordance with this policy and either grant approval or denial of the application. In the event of a denial, reasoning will be provided to the applicant.
2. If an application is denied, the applicant may appeal the denial to a Hearing Officer designated by the City Administrator. Any such appeal must be brought within ten calendar days of the issuance of the denial. The appeal must be in writing; specify the reasons for the appeal; contain the name, address, and telephone number of the applicant; be accompanied by an appeal fee determined by City Council; and be submitted to the City Clerk. Upon the filing of a timely and complete appeal, the matter will be set for hearing. The City Clerk will notify the parties in writing of the date, time, and location of the hearing at least ten (10) days prior to the hearing date. The Hearing Officer will review the application de novo, and may consider all relevant evidence. The Hearing Officer will issue a written determination within 15 days of the conclusion of the hearing. The determination of the Hearing Officer will be final. If the Hearing

Officer reverses the denial and approves the application, the applicant shall be entitled to a refund of the appeal fee.

3. Upon approval, the determination will be forwarded to Republic Services for the implementation of the appropriate service and rates.
4. For residents who are currently approved for the exemption, staff will provide an annual reminder of the requirement to resubmit proof of disability. The annual reminder will be sent via email and/or US Mail on or by April 1.
5. On, or by, June 1, staff will provide an updated list of approved applicants to Republic Services.