



CITY OF GRAND PRAIRIE  
SOLID WASTE & RECYCLING  
ASSISTED TRASH & RECYCLING SERVICE APPLICATION

**ASSISTED TRASH & RECYCLING SERVICES**

Assisted trash & recycling service is restricted to physically challenged citizens who are sole residents at the address where service requested, unless all other residents at the service address have disabilities which prevent them from placing trash & recycling at the curb for collection. **Applicant’s Physician’s Statement OR Proof of City Transportation Eligibility is Required to Qualify for Assisted Trash & Recycling Services.**

Name of Applicant:	_____
House Address:	_____
Water Account Number:	_____
Phone Number:	_____
Email:	_____

**ELIGIBILITY: (Check One)**

- Physician’s Statement (Please Return attached statement from below)**
- City Transportation Eligibility (Attach proof of City transportation eligibility)**

**Requested Location (Check One):**  Front Porch  Driveway by Garage  Other: \_\_\_\_\_

**APPLICANT’S CERTIFICATION:**

I certify that the information I have provided is true and accurate. I understand that providing false information may result in denial or termination of the discount and/or assisted trash and recycling services. I authorize the City of Grand Prairie to verify my eligibility and to conduct a site inspection if necessary. I also grant permission for solid waste personnel to enter the property listed above for the purpose of collection. I understand that all applicable charges remain due and payable with my water service.

**Printed Name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

