City of Lincoln Public Works Department
Division of Solid Waste
916.434.2450

# SOLID WASTE
# WALK-OUT SERVICE REQUEST FORM

Name: _____

Phone Number: _____ Email Address: _____

Service Address: _____

_____

Secondary Contact Name: _____

Secondary Contact Phone Number: _____

Reason(s) for Walk-Out request:

_____

_____

Walk-Out service term requested (one year maximum) - please choose one of the boxes below.
☐**Temporary** ☐**One Year** If temporary: Start Date: _____ End Date: _____

**Cans must be in front of the garage or in front of the gate.**

**Cans cannot be behind the gate.**

Terms and conditions: *I understand, if this application for walk-out collection service is approved by the City of Lincoln, I hereby authorize the City of Lincoln, its employees and contractors, authority to enter onto my property for the purpose of servicing my garbage can and/or green waste can, and hereby waive any and all claims I may have against them for any damage caused by such access, except to the extent any such damage was caused by an intentional act or gross negligence.*

*I further understand and agree to the following:*

- *There will be a **one-time** application fee of $30 and an **ongoing monthly charge** of $15 for this service.*
- ***All** members of the household must be physically unable to wheel garbage cans to and from the curb.*
- ***Cans must be in front of the garage or in front of the gate. Cans cannot be behind the gate. Drivers are not permitted to go through gates to retrieve cans.***
- *Your doctor or medical provider must certify that you are physically unable to perform the service yourself. Verification from the doctor can be sent via mail, email, or fax (**a physical appointment is usually not necessary**).*
- *There is an annual renewal and review process to verify this service is still needed. A new doctor's note will **NOT** be required if the customer's condition is ongoing or is a permanent disability. Otherwise, approvals will be limited to the duration of the physical disability.*
- *Customers are responsible for submitting a new application for review a minimum of 30 days prior to expiration to avoid a disruption in service. Otherwise, service will be discontinued at the expiration of the approved service duration without notice.*
- *Resident requesting service must be listed on the utility billing account.*

Print Name: _____

*Signature:* _____ *Date:* _____

**Note:** If applicant is not listed on the utility billing account, please provide the name and contact information for the account holder, so the City may verify their authorization for this additional charge.

*****Your Doctor or medical provider must fill out the next page*****

****** The following section must be completed by your Physician or Medical Provider ******

**Please confirm patient's contact information below.**

Patient Name: _____

Please check one of the following:
□ Patient needs assistance with garbage/green waste collection for one year.
□ Patient needs assistance with garbage/green waste collection temporarily.
Discontinue assisted service after _____ (date).

Other Comments: _____
_____
_____
_____
_____

Name of Healthcare Provider or Medical Establishment:
_____

Phone Number: _____

Address: _____
_____

Statement: I certify that this patient needs assistance in getting their refuse can out for collection by the City of Lincoln.

Print Name/Professional Medical ID Number:
_____

*Signature*: _____ *Date:* _____

**RETURN YOUR COMPLETED FORM:**

BY EMAIL: PublicServices@lincolnca.gov

BY FAX: (916) 543-8516

BY MAIL: City of Lincoln
Attn: Solid Waste
600 Sixth Street
Lincoln, CA 95648