



**CITY OF LAKE DALLAS
APPLICATION FOR SOLID WASTE & RECYCLE COLLECTION
DISABLED/HANDICAPPED SERVICE**

Resident Name: _____
(Last) (First) (Middle)

DOB: _____ Driver's License #: _____
State: _____

HM#: _____ CELL#: _____

Email Address: _____

I, _____, do reside at and
hereby request Waste Management to obtain and replace my solid waste and
recycle collection carts (cannot be located behind gate/garage) for the address
commonly known as _____,
Lake Dallas, Texas 75065.

To qualify for the service, I affirm that:

1. There is no one living at this address capable of placing the carts at the curb, and
2. The water and sewer account at the above address is in my name or my spouse's name.

If any of the above conditions should change, I understand that I must notify the City of Lake Dallas.

Resident's Signature: _____ Date: _____

CITY USE ONLY

Approved By: _____ Date: _____

Date Contacted WM: _____ WM Account Number: _____

(Attach a copy of Physician's Statement for all persons living at this address.)