Special Handling Service Exemption Application

Recology San Mateo County’s Special Handling collection provides a special service at no additional cost to residents who are physically unable to place their Recycle, Compost and Garbage carts curbside or roadside for collection.

Customers are eligible if they comply with both Part I and Part II.

Part I

Eligible customers must provide one of the following:

1. A letter of verification from a licensed physician stating that you are physically unable to place the carts curbside or roadside for collection.
   OR
2. A copy of your California Department of Motor Vehicles driver’s license denoting handicapped status.
   OR
3. A copy of your California Department of Motor Vehicles handicapped placard paperwork.

Part II

Eligible customers must also provide confirmation that no occupant of the premises is physically able to place carts curbside or roadside for collection.

Special Handling Service Exemption requests must be submitted either by mail or in person to:

Recology San Mateo County
ATTN: Special Handling Service Exemption Request
225 Shoreway Road
San Carlos, CA 94070

Please complete the application on the reverse side and attach the information requested in Parts I and II above.

Recology San Mateo County will review your application to determine whether it meets the eligibility criteria and provide a written response within five (5) business days of receipt.
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Please fill out the following information:

Name: _________________________________________________________

Address: __________________________________________________________________

City, State, Zip __________________________________________________________________

Telephone: ( ) ______________________

Name and age of persons living at the above address:

Name: ______________________________________ Age: ______________

Name: ______________________________________ Age: ______________

Name: ______________________________________ Age: ______________

Name: ______________________________________ Age: ______________

I have filled out this form truthfully and to the best of my ability. I understand that any misrepresentation of the information submitted may result in refusal or termination of a Special Handling Service Exemption.

___________________________________________
(Print Name)

___________________________________________ Date _____________________________
(Signature)