



CITY OF PITTSFIELD

DEPARTMENT OF PUBLIC UTILITIES, CITY HALL, 70 ALLEN STREET, PITTSFIELD, MA 01201 413-499-9330

APPLICATION FOR BACKYARD COLLECTION OF TRASH

NAME _____

TELEPHONE _____

ADDRESS _____

REPORT INFORMATION BELOW FOR ALL OCCUPANTS OF HOUSEHOLD:

OCCUPANT: 1 2 3 4

AGE: _____ _____ _____ _____

DISABILITY (YES/NO): _____ _____ _____ _____

(Describe handicap or disability that prevents applicant or other occupants of household from placing waste containers at curb for pickup. Identify handicap by occupant. State whether disability is permanent or temporary, and if temporary estimated duration.) Include note from doctor or social service agency representative.

I hereby certify under penalty of law that the information submitted above is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing falsification.

Signature of Applicant (Occupant 1)

Date

(DRAW SKETCH SHOWING PROPOSED COLLECTION POINT ON REVERSE)