

Case Number:



AC/1

REFUSE COLLECTION SERVICE ASSISTED COLLECTION – APPLICATION FORM

An assisted collection will be offered to people with disabilities and people with mobility problems, where there is no one else in the household over 16 able to take the wheeled bins / sacks to the edge of the property.

1. Applicants details:

Name:	Date of Birth:
Address:	
Post Code:	
Telephone Number(s):	

2. Please tick to confirm the following:

<input type="checkbox"/>	I am on a wheeled bin collection and would like to apply for assisted collection for: Grey Bin <input type="checkbox"/> Green Bin <input type="checkbox"/> Blue Lid Bin <input type="checkbox"/> Food Caddy <input type="checkbox"/>
<input type="checkbox"/>	I am on a sack collection and would like to apply for assisted collection for: Black Sacks <input type="checkbox"/> Blue Box <input type="checkbox"/> Blue Bag <input type="checkbox"/> Food Caddy <input type="checkbox"/>

3. Reason for application:

I am unable to move the wheeled bins/sacks to the edge of the property because:

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.....

4. List of all other Residents in Household:

Name:	Date of Birth:	Able to move containers to edge of property:
1)		Yes <input type="checkbox"/> No <input type="checkbox"/>
2)		Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Please ask your District Nurse, Health Visitor, Care Worker, Social Worker or Housing Warden to validate your request by completing the information below. ****Please do not go to your Doctor or G.P.****

Print name..... Date.....

Signed..... Occupation.....

Name and Address of Organisation.....

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Please return to: **Waste Management, Derbyshire Dales District Council, Town Hall, Bank Road, Matlock, Derbyshire, DE4 3NN**

Email: waste@derbyshiredales.gov.uk **Phone:** Waste Helpline 01629 761122

For Office Use Only:

Date Received:		Date Input:	
DB:		Mayrise No:	