



**CITY OF COLLEGE PARK**  
 DEPARTMENT OF PUBLIC WORKS  
 9217 51<sup>st</sup> AVENUE  
 COLLEGE PARK, MD 20740  
 240-487-3590

**APPLICATION**  
**BEHIND THE HOUSE RECYCLING & REFUSE COLLECTION**  
**(Please Print)**

Street Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Names of **ALL** household members:

Reason for Application:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Information:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATE**

I hereby certify that all members of this household are disabled and unable to carry trash to the curb. Medical certification for each household member is attached as required.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY:**

Signature \_\_\_\_\_

Date Received \_\_\_\_\_