



James G. Koth, PLA, ASLA, CPWM
Director of Public Works

STANDARD OPERATING PROCEDURES

Division: Sanitation & Recycling

Policy: Rear Yard Collection Assistance for Disabled or Infirm Residents

Date: April 22, 2015 (revised from 07/14/08)

Rear or side yard collection shall be available to residents who are unable to place their garbage at the curb due to a disability and there is no other person living in the household who can perform such task. Residents requesting such service shall be required to complete and certify a request form and submit same to the Department of Public Works. Forms must be accompanied by either a valid copy of the homeowner's NJ Disabled Person's ID card issues by NJDMV or a doctor's note. Once processed and approved, it shall be the responsibility of the homeowner to submit their new Disabled Person's ID card within 30 calendar days of expiration or within three (3) years of application for rear yard service (whichever comes first), for those that use a doctor's note, a new note re-certifying your need will be required a minimum of 30 days prior to the end of each three year cycle. Those who fail to provide said documentation will no longer be eligible for rear or side yard collection and service shall be discontinued upon the expiration date.

The containers shall be placed in an accessible location in either the rear or side yard of the residence, the location must be identified on the request for assistance form. On collection days, residents **MUST** provide a clear and unobstructed path (including during inclement weather) to the containers, public works staff will **NOT** enter any structures, garages, enclosed or elevated decks, porches, crawl spaces, or areas hazardous to staff to retrieve such (including un-shoveled pathways), containers must be located on the ground level (defined as the grade elevation surrounding the foundation). A representative from the department of public works shall inspect and must approve the location of the containers as identified by the applicant before service can begin. It is important to note that rear yard collection covered under this policy only applies to the putrescent and other miscellaneous waste generated on a day to day basis, bulk debris, yard, debris and all other materials identified for collection by the city are to be placed curbside in accordance with the rules and regulations governing such which may be found in the city service calendar.

Violation of this policy at any time shall cause service to be discontinued upon notice of such by the City to the homeowner.

Residents who reside in either Wards 1 or 4 who meet the criteria established herein shall be provided with two (2) thirty two (32) gallon cans, one for garbage and one for recycling to facilitate the automated collection process currently being implemented by the City.

Residents who reside in either Wards 2 or 3 who meet the criteria established herein shall continue to have their garbage picked up in the homeowner's existing receptacles as is currently being done.

ALL garbage shall be bagged before being placed into either a city or resident owned container(s). ALL garbage must be containerized, loose refuse, bagged garbage or other items considered trash shall NOT be collected by the City.

END OF POLICY



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**REQUEST FOR REAR YARD ASSISTANCE FORM
FOR DISABLED OR INFIRM RESIDENTS**

NAME: _____

LOCATION OF RESIDENCE: _____

I have read and understand the conditions and requirements contained within the REAR YARD COLLECTION ASSISTANCE POLICY dated 4/22/2015. I hereby certify that I am unable to place my household garbage curbside for collection due to a disability or other limiting circumstance and that there is no other person living in the household who can perform such task.

By completing this application form, it is understood that the Rear Yard Collection Assistance for Disabled or Infirm Residents service will be provided in accordance with said policy and that failure to do so shall be cause for discontinuance of service upon notification to the resident of such.

Date

Signature

Daytime Phone Number

Print Name

E-Mail

Verification must be completed by DPW office staff on the back of this form.

Office Use Only:

*Doctor's Note	Doctor's Name: _____
	Address: _____
	Date: _____
	Phone: _____
*NJDMV Handicapped ID	ID # _____
	Expiration Date: _____
Date Submitted _____	
Inspected By _____	Date _____
Approved By _____	
Renewal Due: _____	
Notice Sent: _____	By: _____

***Copy of Handicapped ID Card/Placard or Original Doctor's note must be attached**