



Raymond Romney, CRP, SRMP, CPWM  
Director of Public Works

**NEW REQUEST FOR  
REAR/SIDE YARD ASSISTANCE FORM  
FOR DISABLED OR INFIRM RESIDENTS**

NAME: \_\_\_\_\_

LOCATION OF RESIDENCE: \_\_\_\_\_

I have read and understand the STANDARD OPERATING PROCEDURES; therefore, I hereby certify that I am unable to place my kitchen and household garbage curbside due to a disability and 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/Side Yard Collection Assistance for Disabled or Infirm Residents Service will be provided in accordance with the regulations stated on April 22, 2015 (revised from 7/14/08) policy.

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Date

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Signature

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Daytime Phone Number

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Print Name

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Email Address

**Verification on the back of this form must be completed by DPW Office Staff.**

VERIFICATION:

\*Doctor's Note

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

\*NJDMV Handicapped ID

ID #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Date Received in DPW Office: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Approved By: \_\_\_\_\_

Renewal Due: \_\_\_\_\_

Notice Sent: \_\_\_\_\_ By: \_\_\_\_\_

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

9/20

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