



# ROLL OUT SERVICES APPLICATION

320 W. Newmark Ave., Monterey Park CA 91754

Phone: (626) 307-1338 | Fax: (626) 307-0753 | Email: [cashier@montereypark.ca.gov](mailto:cashier@montereypark.ca.gov)

Office Hours: Monday – Thursday 7:30 A.M. to 5:30 P.M. Friday 7:30 A.M. to 4:30 P.M.

The City of Monterey Park is pleased to offer a free roll out service program for residents who are physically or medically unable to move their containers for trash collection. **To apply, please fill out this application and provide either a recent certification signed by a licensed physician within the last year attesting to physical/medical disability (doctor’s note) or DMV registration for disabled placard.** If approved, you will receive a letter from the Support Services Division and the service will become effective within sixty (60) days after the date of approval. If denied, you will receive a letter stating the reason for that disapproval.

Completed applications may be mailed/dropped off to our office at 320 W. Newmark Ave., Monterey Park, CA 91754 (Attn: Support Services Division) or emailed to [cashier@montereypark.ca.gov](mailto:cashier@montereypark.ca.gov). If you need help completing the application, or would like more information about the program, please call (626) 307-1338 or (626) 307-1336.

**Please PRINT all information legibly. If renewing certification, please verify that the following information is correct.**

<b>FULL NAME OF APPLICANT:</b>	
<b>SERVICE ADDRESS:</b>	
(No. & Street Name) <span style="float: right;">Monterey Park, CA <span style="float: right;">(Zip)</span></span>	
<b>UTILITY ACCOUNT NO.:</b>	<b>EMAIL ADDRESS:</b>
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<b>DMV PLACARD NO. OR PHYSICIAN’S NAME:</b>	<b>PHONE NO.:</b>
	(     )
<b><u>SIGNATURE AND ACKNOWLEDGEMENT</u></b>	
<i>I understand that I am required to renew my certification annually and notify the City of any change in information to maintain my eligibility. Failure to do so may result in my removal from this program. I agree that by completing this form and submitting it to the City in an electronic format, such as email, it will have the same legal effect as a form submitted by U.S. Mail or in-person. I certify, under penalty of perjury under the laws of the state of California, that the information I have provided in this application is true and correct.</i>	
<b>PRINT NAME:</b> _____	<b>SIGNATURE:</b> _____
	<b>DATE:</b> _____

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**FOR OFFICE USE ONLY**

NEW APPLICATION

DATE RECEIVED \_\_\_\_\_

RE-CERTIFICATION

RECEIVED BY \_\_\_\_\_