



OFFICE USE ONLY

Account Number _____

Date Approved _____

Documentation Destroyed _____

Staff Initials _____

Application for Carson Valet Service

Valet Service is available to assist residents by allowing your WR driver to move your carts from the back or side yard, empty the carts, and return them to the original location. Complete either Section A or B, then initial and sign Section C.

Parcel Number (from Property Tax Bill)

¹Customer Name** (as listed on Property Tax Bill)

Account Address (as listed on Property Tax Bill)

Phone Number

Email Address

Section A - Qualifies for Free Service

To obtain this service for free, you **MUST** provide a copy of the following with this application:

- Valid Photo Identification
- California DMV Disabled Person Placard** If the disabled person does not drive, a doctor's note attesting to the person's disability must be provided *Placard number* _____ *Expiration* _____

Section B - Does Not Qualify for Free Service

If you do not qualify for free service but still want WR to move your carts, initial below to request this service.

_____ Although I do not have the required placard, I wish to subscribe to Valet Service. I understand there is a monthly service charge that will be billed directly to me and I and agree to pay for this service.
Initial Here

Section C - Confirmation and Signature

_____ I hereby permit WR to enter my property for the sole purpose of servicing (transporting, emptying, and returning) solid waste carts for my residence at the above Account Address.
Initial Here

_____ I attest that I have no harmful or dangerous areas on my property that may cause WR employees any physical harm or injury. I further attest that there are no animals or pets that can cause harm or injury to WR employees.
Initial Here

_____ Gate/lock information (please note any codes or keys necessary to access your carts)

_____ Name

_____ Signature

_____ Date

Return this application and **all** required documentation to:

By Mail: Waste Resources
Attn: Customer Service (CSpSv)
P.O. Box 2799
Gardena, CA 90247

By Fax: 310-366-7606

By Email: carson@wasteresources.com

¹ This account must remain in the name of the above Customer Name for the service to remain complimentary.
**The Customer Name and Placard Information must match for you to be eligible to receive this service for free.
This account is subject to periodic review for accuracy.