



Health & Sanitation Department

937.778.2060

APPLICATION FOR FALL PREVENTION PROGRAM

Name _____

Address _____

Phone # _____

Eligibility: (Check one)

- 65 years or older
- Disability (any age & living alone)

Where will the trash & recycling be placed for collection?

- By the garage door/driveway
- By the back door (ally pick-up)
- Other _____

By signing up for this program, I knowingly and voluntarily authorize a city employee or representative to enter my property to retrieve trash and recycling items that I place out in the designated location. The employee can solely determine if the conditions are too dangerous to enter the property and in such case I understand that the trash and recycling will be collected when the conditions are more suitable. Such conditions may be weather or non-weather related. If the unsafe conditions are unrelated to the weather, I will be notified by the City of Piqua of what would need corrected, changed and/or repaired before the City can enter the property. I can revoke this authorization at any time by notifying the City of Piqua Health Department. There is no additional fee associated with this voluntary pick-up program. The City may terminate this service at any time.

Signature _____ **Date** _____

For Office Use Only Date Received _____

Approved _____ by _____

Denied _____ by _____ Reason for Denial: _____