



City of Rockford – Customer Service Center
1st floor, City Hall, 425 E. State Street, Rockford, IL 61104
779-348-7300 CustomerService@rockfordil.gov

65-GALLON TRASH CAN APPLICATION

I am requesting a 65 garbage tote to replace my current larger tote for the following reason:

____ I am 62 years of age and older

____ I am a person living with a disability related to mobility

Examples of disability include:

- *. Classified as disabled by a medical provider; or
- *. Disability award from Social Security; or
- *. Illinois Department of Human Services (IDHS) certified agency confirming disability.

Name of Applicant: _____ Date of Application: _____

Property Address: _____

Water/Rubbish Account Number: _____

Applicant Phone #: _____

Email Address: _____

Do you rent or own? _____

I understand this is only an application and any information provided is being voluntarily provided to determine my eligibility to receive a 65 gallon trash can. The City of Rockford reserves the right to request additional information in order to verify eligibility. Under penalty of perjury, I certify that I am a) 62 years of age and older or b) a person living with a disability related to mobility such that I am unable to take a 95 gallon garbage tote to and from the street.

Signature: _____ Date: _____

Please return completed application to Customer Service by email: customerservice@rockfordil.gov mail or in person at 425 E State Street. 1st Floor

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

Final Action due: _____ (21 days from receipt)

Finance: Approved / Disapproved: By: _____ Date: _____