



District Council

Town Hall, Penrith, Cumbria CA11 7QF

Telephone: 01768 817817 **Email:** customer.services@eden.gov.uk

Assisted Collection Form

Q1 Please confirm that there is no able bodied person in the household who can place the waste/recycling out for you on a daily basis (please delete as applicable):

Yes/No

Q2 Name of person to receive the service:

Address (to which assisted collection relates):

.....

Contact Telephone No:

Email:

Q3 If you are requesting the assisted collection service on behalf of someone else, please provide your details below: **If not go to Q4.**

Your Name:

Your Address:

.....

Contact Telephone No:

Email:

Q4 Please state the reason for the assisted collection request:

.....

.....

.....

.....

Q5 Please state whether the assisted collection is requested on a permanent or temporary basis (please delete as applicable):

Permanent/Temporary

If temporary please state the length of incapacity.....

Please note that the temporary assisted collection will cease on the above date, unless you advise the Council otherwise.

Q6 Please indicate which service you require to be an assisted collection (please indicate by ticking the appropriate service):

- Recycling Bag and Box
- Garden Waste
- Blue Refuse Sacks
- ALL

Q7 Please provide the location of where your refuse sacks/recycling should be collected (for example by the backdoor):

.....
.....

Q8 In support of my application for an assisted collection, I enclose **one** of the following (please tick the appropriate box)

- A medical certificate obtained from my Doctor
- Evidence of being registered disabled (for example photocopy of disabled badge)
- A written reference from a Carer or Healthcare Professional

We will accept forms posted directly from your Doctor/Carer but we are unable to reimburse any costs involved.

Please note that you will receive the service as soon as possible and an assessment will be carried out by an Eden District Council approved contractor. If the assessment is found to be unsatisfactory or the evidence provided in support of your application is found to be incorrect, the Council reserves the right to terminate the service.

If my circumstances change, I understand that I must inform the Council as soon as possible.

Signature: Date:.....