

PURPOSE OF THE FALL PREVENTION PROGRAM

The Fall Prevention Program is for Piqua Citizens age 65 years or older who need assistance getting their trash & recycling carts set out for Weekly Collection to prevent falls or accidents. A Piqua Sanitation Department employee will take your refuse and recycling to the curb or alley for you to be emptied on collection day, then return the carts to the original location.

Eligibility (Check One)

65 years or older

Date of Birth

____ / ____ / ____

Disability
(Any age and living alone)

Where will your carts be placed?

By the garage door/driveway

By the alley/back door

Other

APPLICANT INFORMATION

Contact Person First, Last Name:

Address:

Phone Number:

Email:

List all other household members' names and ages:

ACKNOWLEDGMENT AND AUTHORIZATION

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 not be collected until 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 Environmental & Recreation Services. There is no additional fee associated with this voluntary pick-up program. The City may terminate this service at any time.



Fall Prevention Program
Environmental & Recreation Services

By placing my signature, I attest that there are no able-bodied persons living in the household capable of safely taking the trash and recycling carts to the curb or alley for collection.

Providing false information is grounds for removal from this program.

SIGNATURE

The undersigned acknowledges that the information provided herein is accurate to the fullest extent of their knowledge.

Applicant Name

Applicant Signature

Date

**Return this complete and signed application to Environmental & Recreation Services:
201 W. Water St., Piqua, OH 45356**

FOR OFFICE USE ONLY

Date Received:

Approved On:

By:

Denied On:

By:

Reason for Denial: