



## CITY OF IRVINE Walk-Out Services for Recycling and Trash Collection

The City of Irvine and Waste Management are now offering free cart walk-out assistance service for qualifying senior and disabled residents.

Walk-out services, provided by WM drivers, can help residents who are not able to take their cart to and from the curb for collection. Participants must keep their pets (e.g. dogs) in doors or behind the gate of the residence for driver's safety. Carts will be collected from the original location where residents regularly store them.

To qualify, a resident must be unable to move his or her carts to the curb and have no one living with them who can do the same, AND:

1. Complete the Application for Free Walk-out Service (see page 2); and
2. Complete the Release of Liability Form (see page 3); and
3. Submit a copy of the resident's current, unexpired DMV-issued placard or license plate/registration (*will be required annually*); and
4. Submit a letter from a physician confirming that the resident is unable to move his or her carts to the curb for collection, and that, to the best of the physician's knowledge, there is no other capable person living with the resident to move his or her carts to the curb (*will be required annually*).



YES

**Residents who qualify for Cart Walk Out Services are also eligible for AT YOUR DOOR, a program providing 1 time per year free annual doorstep collection of hazardous waste.**

Check here if you would also like to sign up for At Your Door

### Mail Completed Application Packets to:

Waste Management of Orange County  
c/o Angelica Dulce  
1800 South Grand Avenue  
Santa Ana, CA 92705  
Email: [adulce@wm.com](mailto:adulce@wm.com)



**CITY OF IRVINE  
Walk-Out Services for  
Recycling and Trash Collection**

PLEASE PRINT OR TYPE	
<b>First Name:</b>	<b>Last Name:</b>
<b>Street/ Mailing Address:</b>	
<b>Home Telephone Number:</b>	<b>Cellular Phone Number:</b>

**Application for Walk-Out Services**

I, the undersigned, have attached the following:

- Completed Application for Free Walk-Out Service; and
- Completed Release of Liability Form; and
- Physician's note confirming inability to move carts; and
- Copy of a current DMV-issued disabled placard or license plate/ registration information.

I understand that I will be required to submit updated copies annually to remain eligible for free walk-out services.

I certify that I am unable to move my carts to the curb for collection, and there is no other person living with me who is capable of moving my carts to the curb.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Office Use Only:**  
Date Form Rec'd: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Submitted to MAS: \_\_\_\_\_



# CITY OF IRVINE Walk-Out Services for Recycling and Trash Collection

## IRVINE WALK OUT SERVICE RELEASE OF LIABILITY

Resident acknowledges he/she is expressly permitting Waste Management Collection and Recycling, Inc., including its agents, employees, affiliates and/or assignees, ("WM") to enter his/her premises to provide Cart Valet (Walk-Out) Service, and acknowledges that WM may be required to open doors, gates or similar features and move the cart(s) on and/or over the premises to provide such service. As an express condition of receiving Cart Valet Service, Resident on his/her behalf, his/her family and heirs, as well as on behalf of all persons at the service address, hereby WAIVES, RELEASES and FOREVER DISCHARGES WM of any liability and agrees to indemnify, defend and hold WM and its insurers harmless from any claims for damages related to Cart Valet Service or Resident's breach of this Agreement, including but not limited to attorney's fees, except to the extent of WM's willful misconduct, including intentional theft by WM from Resident. It is the express intent of this provision that it applies even if WM fails to properly secure gates, doors or similar features, including but not limited to for claims related to or for escaping pets or wildlife, property or environmental damage, physical injury or intrusion or trespass on to the premises.

Street/Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_