



Pueblo of Laguna Utility Authority
PO Box 2089
Laguna , NM 87026
(505) 552-9631
Fax (505) 552 -9958

SPECIAL ASSISTANCE PICK UP APPLICATION

APPLICANT INFORMATION

Name: _____ Residential Address: _____

Zip Code: _____ Home Telephone No.: _____

POLUA Account Number: _____ Work Telephone No.: _____

By signing below, I authorize the POLUA personnel to enter my property for the purpose of providing solid waste services.

APPLICANT'S STATEMENT OF DISABILITY AND HOUSEHOLD OCCUPANCY

To be completed by the Applicant (resident)

I, the undersigned applicant, certify that I am __temporarily__ permanently disabled and unable to set out my solid waste container at the designated location. I also certify that there is no one living or employed (part time or full time) in my household who is able to set out my solid waste container at the designated location.

I understand that it is my responsibility to re-submit this form annually from this date for continuance of the Special Assistance Pick Up service.

I authorize my physician to release any information necessary to verify my disability. I will attach my certification of my disability.

Signature of Applicant: _____ Date: _____