

# City of Visalia

P.O. Box 5078  
707 West Acequia Ave.  
Visalia, CA 93291



# Finance Division

Solid Waste / Utility Billing  
Tel: (559) 713-4499  
Fax: (559) 713-4801

The standard refuse collection provided by the City of Visalia is curbside or alley service. The City may provide an exemption for curbside service if **no one** at the residence is able to place a full refuse container at the curb. If the exemption is granted, the City will provide a “pack out” for one trash container, one recycle container and one green waste container, per week, at no cost.

\*Additional cans - a fee of \$13.00 per month will be charged for each can you have on site, whether it is serviced or not.

\***For voluntary Pack Out services** - No prescription or Dr. Note is required. A fee of \$26.05 monthly fee will apply (plus the additional can fee of \$13.00 if applicable).

You do not have to visit your physician. Call your physician’s office; they will usually comply with your request over the phone. You **must submit** a doctor’s note or prescription with your application. The note must indicate whether the disability is temporary or permanent if you are requesting services due to disability.

Upon acceptance into the program, we will begin providing “Pack Out” service. It is the customer’s responsibility to notify the Solid Waste Division at (559) 713-4499 when the situation changes **and** submit a renewal application when requested by our office. **Failure to do either of these will result in the Pack Out fee of \$26.05 per month to be applied to your account.**

By signing this application, you agree to all terms and regulations pertaining to this service and declare that all statements are valid and true to the best of your knowledge. You may fax the application and Rx form to (559) 713-4801 or mail your application to: City of Visalia- Utility Billing P.O. Box 5078 Visalia, CA 93292

\_\_\_\_\_  
Address for pack out service

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Applicant’s Printed Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

Number of additional people living in home: \_\_\_\_\_

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

**Please do not write below this line. For Official use only.**

Account number	Route number	Approval date	Removal date	Temporary	Permanent
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