



## Application for Sanitation Collection Services for Disabled Residents

### Applicant Information

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Rent  Own

Garbage roll cart location:  Next to garage/carport  Side of house  Other \_\_\_\_\_

### Verification of special need and household occupancy – to be completed by applicant

I hereby apply for exemption from the part of the City of Jasper Sanitation Ordinance requiring garbage receptacles are placed at the curb for collection; and in support of this application, I submit the following affidavit:

I, the undersigned claimant, do solemnly swear that I am a full-time resident at the above address; am disabled to the extent that I am incapable of moving my garbage or recycling container to the curb; and no able-bodied individual resides at the address above. I understand that the application for this service must be submitted on an annual basis, or my participation in the program will be discontinued.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

### Disability statement – to be completed by a licensed physician

*(Waived for residents with proof of permanent disability; annual self-certification form required)*

I, a licensed physician, hereby certify that \_\_\_\_\_ is currently a disabled resident as described below, and unable to move his/her garbage container to the curb.

Briefly describe the functional limitation(s) that preclude(s) placement of the container(s) at the curb:

Name of physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Professional license number: \_\_\_\_\_

Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_