

## Application for Sanitation Collection Service for Disabled Residents

### Applicant Information

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

Residential address \_\_\_\_\_  Rent  Own

Container 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 DeKalb County Sanitation Ordinance requiring garbage and recycling 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 name and address will be removed from the schedule.

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

### Notary (signature and stamp)

Signature \_\_\_\_\_ **20** \_\_\_\_\_

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

*(Waived for residents with proof of permanent disability; proof of active residency at approved address required)*

I, a licensed physician, hereby certify that \_\_\_\_\_ is currently a disabled resident as described below, and unable to move his/her garbage or single-stream recycling container(s) to the curb.

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

I further certify that such disability is of a:

Temporary nature (length of disability is from \_\_\_\_\_ to \_\_\_\_\_)  Permanent nature

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

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

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

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