



**CURBSIDE COLLECTION
EXEMPTION FORM
(inside city only)**

NAME _____

STREET ADDRESS _____

PHONE NUMBER _____

UTILITY ACCOUNT NUMBER _____

I HAVE A DISABILITY OR CONDITION THAT WOULD PREVENT ME FROM ROLLING A CART TO THE STREET OR CURB. (PLEASE ATTACH DOCTOR'S STATEMENT)

THERE IS NO ONE LIVING IN MY RESIDENCE CAPABLE OF ROLLING A CART TO THE CURB OR STREET.

I DO NOT HAVE A DISABILITY THAT WOULD PREVENT ME FROM ROLLING A CART TO THE STREET OR CURB. I WOULD LIKE TO PAY AN ADDITIONAL \$25.00 FOR COLLECTION AT MY RESIDENCE.

NOTE: IF YOU MOVE TO ANOTHER RESIDENCE, PLEASE NOTIFY CITY HALL IMMEDIATELY 638-4343.

*** IF THERE ARE MULTIPLE PEOPLE LIVING IN THE RESIDENCE, A DOCTOR'S STATEMENT IS REQUIRED FOR ALL OF THEM FOR THIS RESIDENCE TO QUALIFY.**

DATE

SIGNATURE
