



# SPECIAL WALK-UP SERVICE REQUEST FORM FOR GARBAGE AND RECYCLING COLLECTION

This application is a request for SPECIAL WALK-UP SERVICE in the Town of Grafton with Veolia Environmental Services for Garbage & Recycling Collection. This Special Service may be requested by a licensed physician on behalf of a patient for whom the moving of the 95-gallon wheeled garbage and recycling carts would present an unnecessary hardship or is impractical by reason of physical condition or medical problem. **Please allow a minimum of five business days for processing this exemption request.**

<b>Office Use Only</b> Date Request Form Received:		PLEASE PRINT OR TYPE				
<b>PART A: TO BE COMPLETED BY APPLICANT</b>						
Last Name:		First:	Middle:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Are you able to wheel your carts to the curb for collection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the legal property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is the property owner's name?		Property Owner Contact Phone: (    )		
Street Address:			Home Phone Number: (    )	Mobile Phone Number: (    )		
Mailing Address:		City:	State: WI	ZIP Code:		
<b>Your Choice of Frequency of Pick Up Needed: (Mark Box with an X)</b>		<b>Weekly</b>	<b>Every 2 weeks</b>	<b>Once a Month</b>		
I, the undersigned applicant, certify that I am <input type="checkbox"/> permanently <input type="checkbox"/> temporarily disabled and unable to wheel my garbage and recycling carts to the curb for collection. I also certify that there is no one in my household, in my employ, or providing in home assistance to me from a third party that is able to get my carts to the curb. I authorize my physician to release any information necessary to verify my disability.						
_____ Applicant's Signature			_____ Date			

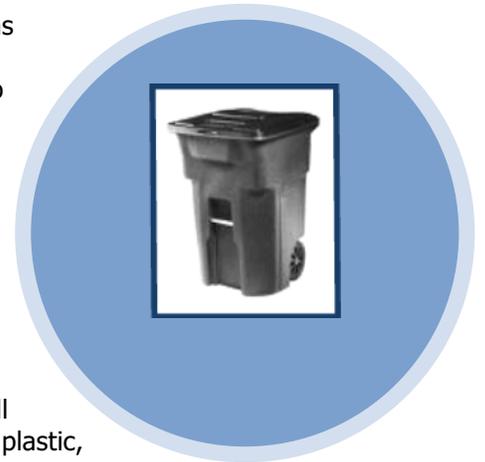
<b>PART B: TO BE COMPLETED BY PHYSICIAN</b>					
Physician's Name:		Physician Type:		License Number:	
Physician's Address:		City:	State:	Zip Code:	
Telephone Number: (    )		Fax Number: (    )		Email:	
<b>Note to Physician:</b> Please review the description, size and weight attributes of the 95-gallon wheeled household garbage and recycling collection carts on page 2 of this application form prior to signing. By completing and signing this form you are indicating that it is harmful or impractical for the patient (applicant) named above to use these specifically required 95-gallon wheeled carts for the collection of garbage and recycling due to his or her physical condition or medical problem.					
Is the applicant your patient?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Physician statement and request for patient exemption from use of wheeled garbage and recycling collection carts.</b> Describe how use of the wheeled household garbage and collection carts would be harmful or impractical for your patient to use. Include the specific reason you believe Walk Up Service to be justified. Please print clearly or type.					
This exemption should be: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary until _____					

I certify by my signature that I am a physician licensed to practice medicine in Wisconsin, and that in my judgment the patient named above should be granted Special Walk-Up Service for Garbage & Recycling Collection as described in this request.

_____ Physician's Signature	_____ Date
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## Town of Grafton Starts Automated Trash

Garbage & Recycling collection in the Town of Grafton has switched to fully automated collection for both trash and recycling. This means that a garbage truck will pull up to the curb in front of your residence and by use of a mechanical arm system, will pick up, dump and return your cart(s) to the curb. In order to facilitate this change, a 95-gallon wheeled green trash cart, like the one in the photo to the right, was delivered to your residence along with a 95-gallon wheeled cart with yellow lid for collection of all single stream recyclable items.



Remember, single-stream recycling allows you to place all recyclable commodities, such as paper, cardboard, steel, plastic, tin, aluminum and glass, into one collection cart. Single-stream recycled items require loose placement within the collection cart.

The 95-gallon cart weighs 40 pounds when empty and is very easy to maneuver over multiple types of terrain.

In order to assist persons with disabilities who do not have anyone to help them with their chores, the Town of Grafton has contracted with Veolia to provide Walk Up Service to persons who qualify.

### Qualified residents must:

1. Be unable to wheel their cart to the curb for collection.
2. Have no one else who can assist them, such as a spouse or other live-in family member or a personal assistant.
3. Be certified by a physician as needing assistance.
4. Fill out and return the required request for exemption form. (Page 1)

Send completed requests to:

Town of Grafton  
P.O. Box 143  
Grafton, WI 53024  
Fax 262.377.0332  
bbartel@townofgrafton.org



For assistance with this request, please contact the Town of Grafton at 262.377.8500, or [bbartel@townofgrafton.org](mailto:bbartel@townofgrafton.org) or [aschaefer@townofgrafton.org](mailto:aschaefer@townofgrafton.org). More garbage and recycling information is available on the Town's website at [www.townofgrafton.org](http://www.townofgrafton.org).