CITY OF WARR ACRES

REFUSE CART COLLECTION ASSISTANCE REQUEST

Program Guidelines:

* House-side collection of refuse in a polycart may be provided to residents who are mobility or visually impaired. Yard and bulky waste are not eligible for this program.
* The resident’s physician must submit the application and be approved by The City of Acres annually for the resident to receive continued assistance.
* The application will not be approved if incomplete, unreadable, or improperly submitted.
* Submission does not automatically guarantee collection assistance. If approved, the polycart placed beside the residence will be rolled to the truck emptied and returned to the starting point.

***ALL INFORMATION IS REQUIRED***

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| **PART 1: TO BE COMPLETED BY THE *RESIDENT*** |
| **Resident Name:***(Name on utility account)* |  |
| **Service Address:***(Must match utility account)* |  |
| **Utility Account #:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Customer:** |
| I certify that the information provided in this application is correct. I live in a single-family home and am physically unable to move my trash and recycling carts to the point of collection.There is no other person who resides in the service address specified above who can move the carts to the point of collection. I understand the trash and recycling contractor will walk onto my property to service the carts.I understand that if approved for trash and recycling collection assistance, it is my responsibility to resubmit this form annually from this date for continued assistance. |
| **Signature** | **Date** |

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| **PART 2: TO BE COMPLETED BY THE PATIENT’S *PHYSICIAN*** |
| **Physician Name:***(Printed)* |  |
| **OK Medical Board License #***(Must have OK License)* |  |
| **Phone:** |  |
| **Fax:** |  |
| **Email:** |  |
| **Physician:** |
| I certify that I am a medical doctor licensed to practice medicine in the State of Oklahoma.I further certify that the patient named above has an ongoing disability that prevents them from moving their polycart to the point of collection along the street curb. |
| **Signature** |  | **Date** |

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