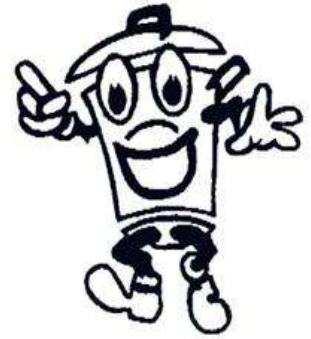




City of Laredo Solid Waste Department

P.O. Box 1965
Laredo, TX 78044-1965
Phone (956) 795-2510
Fax (956) 795-1860



SPECIAL COLLECTION ASSISTANCE SERVICE APPLICATION

APPLICANT INFORMATION

Name: _____ Residential Address: _____
Laredo, TX Zip: _____ Home Telephone No: _____
Account Information: _____ Work Telephone No: _____

By signing below, I authorize City personnel to enter my property for the purpose of providing solid waste collection services.

APPLICANT'S STATEMENT OF DISABILITY AND HOUSEHOLD OCCUPANCY

To be completed by Applicant (resident)

I, the undersigned applicant, certify that I am temporarily permanently disabled and unable to set out my residential garbage at the curb. I also certify that there is no one living or employed (part of full time) in my household who is able to set out my garbage at the curb.

I understand that it is my responsibility to re-submit this form annually from this date for continuance of Special Collection Assistance Service.

I authorize my physician to release any information necessary to verify my disability.

Signature of Applicant: _____ Date: _____

PHYSICIAN'S DISABILITY STATEMENT

To be completed by a Licensed Physician

I, a licensed physician hereby certify that _____ is currently disabled as described below and unable to roll the garbage cart to the curb.

I further certify that such disability is of: _____ Temporary nature
(Length of disability is from _____ to _____)
_____ Permanent nature continuing for the applicant's lifetime

Name of Physician: _____ Professional License Number: _____
Telephone No: _____ Address: _____
City/State/Zip: _____

Signature of Physician: _____ Date: _____