

CITY OF CENTERVILLE
SANITATION
ROADSIDE PICKUP EXEMPTION FORM

SECTION 1: TO BE COMPLETED BY RESIDENT.

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

OF PERSONS IN HOUSEHOLD: _____

MARITAL STATUS: ___SINGLE ___MARRIED ___DIVORCED ___WIDOW(ER)

I HEREBY CERTIFY THAT I AM UNABLE TO PUSH THE GARBAGE COLLECTION CART TO THE ROAD FOR PICKUP AND THAT THERE IS NO OTHER OCCUPANT PHYSICALLY CAPABLE OF PLACING THE CART AT THE ROAD. I UNDERSTAND THAT THE CART MUST BE ACCESSIBLE TO THE SANITATION WORKERS AND PLACED OUTSIDE OF ANY FENCED AREA AND WITHIN SIGHT OF THE ROADWAY. I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____ DATE: _____

THE CITY OF CENTERVILLE RESERVES THE RIGHT TO MAKE PERIODIC CHECKS ON THE STATUS OF THIS EXEMPTION AND IF FOUND TO BE IN VIOLATION, THE CITY RESERVES THE RIGHT TO REVOKE THIS SERVICE.

IF YOUR STATUS CHANGES, PLEASE CONTACT THE CENTERVILLE WATER DEPT.
AT 953-3222

CITY OF CENTERVILLE

SANITATION

ROADSIDE PICKUP EXEMPTION FORM

SECTION 2: TO BE COMPLETED BY RESIDENT'S PHYSICIAN:

I HEREBY CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL IS A PATIENT UNDER MY CARE AND THAT HE/SHE IS DISABLED AND UNABLE TO PUSH THE GARBAGE COLLECTION CART TO THE ROAD FOR COLLECTION.

PLEASE CHECK ONE OF THE FOLLOWING:

PERMANENT DISABILITY

TEMPORARY DISABILITY UNTIL ____/____/____

PLEASE BRIEFLY DESCRIBE DISABILITY: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE NUMBER: _____

SIGNED: _____

DATE: _____