

NAME

Department of Solid Waste & Environmental Program Management Larry Washington, Director

APPLICATION FOR SOLID WASTE DISABILITY COLLECTION SERVICE

Under the terms and provisions of the City of Tampa Code, Solid Waste Section 26-169 (a) (1) & (2), I hereby apply for Solid Waste Disability Collection Service. I hereby certify that for health reasons or physical incapacity or handicap, I cannot place my solid waste at the curbside for collection. I also have no able-bodied assistance available in my residence to place my solid waste at curbside.

I understand that I will be entitled to have my city-issued residential and recycling carts serviced from my home at each regularly scheduled pickup by the Department of Solid Waste and Environmental Program Management, and that this service is for household solid waste only – yard waste is excluded. All other items will require a special pick-up, which will be charged to my account. I further understand that I may not place out for collection more than what one (1) assigned trash and recycling cart can hold.

I understand that a **Doctor's Certificate** on letterhead is required stating it would be injurious to my health to carry, roll, or lift containers to place them out for collection. I also understand that if at any time the validity of the application is in question, the Director of the Department of Solid Waste and Environmental Program Management may require a new Doctor's Certificate or proof that I still meet the requirements as set forth in the above referenced City of Tampa Code. This disability allowance may be canceled at any time by the Department if my statements are found not to be legitimate.

MAIL THIS FORM AND DOCTOR'S CERTIFICATE TO THE SOLID WASTE DEPARTMENT: 4010 W SPRUCE STREET, TAMPA, FL 33607

SIGNATURE

IVAIVIE	SIGNATORE		
ADDRESS			
ACCOUNT #	PHONE NUMBER		
LOCATION OF CARTS			
(FOR OFFICE USE ONLY)			
DOCTOR'S CERTIFICATE ATTACHED AND DATED			
APPLICATION APPROVED	DENIED		
EFFECTIVE DATE	ROUTE		
DIRECTOR/DESIGNEE			

Updated 09/19

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