

APPLICATION FOR GARBAGE COLLECTION SERVICE
By Persons Unable to Provide the Normal Level of Self-Service

Name: _____

Service Address: _____

Nature of Disability: _____

Note: To receive this service all persons residing upon the premises where service is provided must be certified by a physician as being incapable of disposing of trash within the standard receptacles without assistance.

Handicapped garbage collection service shall be **valid for one year** from the date approved by the City of Alamogordo. Thereafter, service is subject to renewal on an annual basis by filing an additional application(s) with the City.

Please provide information on others living in the residence.

Name: _____

Nature of Disability: _____

Name: _____

Nature of Disability: _____

Name: _____

Nature of Disability: _____

I, the undersigned, am a licensed physician, licensed to provide medical services within the State of New Mexico. I do hereby certify that the applicant and all other persons listed within this application are incapable of carrying or otherwise delivering household waste to the alley dumpsters and/or incapable of the effort required to place a poly-cart at the curb side as required for standard collection. I further recommend that he/she /they be approved for handicapped garbage collection service.

Physician's Signature: _____ Date: _____



OFFICE USE ONLY: Return to PW Dept. 2600 N. Florida Ave. or fax to 575-439-4270

Approved: ____ Disapproved: ____ Date: _____ Signature: _____

Date Faxed To Solid Waste Collection Contractor: _____