APPLICATION FOR MEDICAL REAR DOOR SOLID WASTE SERVICE

In accordance with the Solid Waste Franchise Agreements, the hauler shall provide back door or side door service to residences occupied by persons physically incapacitated and unable to transport refuse to the curb without an additional charge.

Applicants for such service shall provide medical proof of such physical incapacity to the County and assurance that no able-bodied person resides at the Residence and there are no more than two individuals residing at the Residence. The following information is necessary to qualify for the handicapped service and rate.

Name:				
	(Last)	(First)	(Initial)	
Address:				
Address:	(Street Address)		(City/State)	(Zip Code)
Telephone:				
• —	(Home Phone)		(Cell/Other)	
1. I am unable to place (Please attach doctor'		ycling containers	; at the curb due to the foll	lowing physical limitation, disability, or handicap.
				or a temporary condition?
	Permanent		Temporary	
3. If the physical lim	nitation, disability, o	r <mark>han</mark> dicap is te	mporary, how long do y	you anticipate the condition will exist?
	(Indicate Numbe	er of Weeks/Months)		
				RIDA
5. What are the age	s of the individuals	residing at the	residence?	
6. Are any of the inc	dividuals reasonably	y able to transp	ort the garbage and rec	cycling containers to the curb?
	Yes	No		
Signature:	(Applicant/Resident)		Date:	
NOTE: Please submit reviewed, and a staff r		-	-	ner Service Section. Your application will be
FOR OFFICE USE ON	LY			
Application Approv	ed:		Application Denied:	
Date:			Clerk:	

Please return completed form via one of the following:

Mail: Manatee County Solid Waste Enforcement / 3333 Lena Road, Bradenton, FL 34211

Email: ucssolidwaste@mymanatee.org Fax: 941-795-3419