

VERIFICATION FORM FOR PHYSICALLY DIASBLED PERSONS
RE: BACKYARD SANITATION COLLECTION SERVICES
RESIDENT'S STATEMENT
(To be completed by Resident requesting service)

Name: _____

Address: _____

In accordance with the following physician's verification, I am physically unable to transport my household refuse to the curb for collection. I further verify that there is no able-bodied person residing or working at my residence who is capable of transporting my refuse to the curb for collection.

RESIDENT'S SIGNATURE: _____

PHONE #: _____ DATE: _____

PHYSICIAN'S STATEMENT
(To be completed by Physician)

It is my professional opinion that _____ is physically unable to transport his/her household refuse to the curb for collection.

_____ It is my professional opinion that his/her disability is permanent.

_____ It is my professional opinion that his/her disability is temporary.
The temporary disability is anticipated to end _____

PHYSICIAN'S SIGNATURE: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LICENSE ID#: _____

It shall be unlawful for any person to willfully misrepresent information on this form. A violation of this section shall be a criminal misdemeanor subject to a penalty and/or imprisonment for each and every offense. The Solid Waste Services Department at all times has the authority to terminate such service upon a reasonable basis stated in writing to the recipient of the service. Upon termination of the service, the individual must immediately use the roll-out container, brought to the curb, for service.

This verification is valid until such time as re-verification may be required by the City of Charlotte's Solid Waste Director.

UPON RECEIPT OF THIS VERIFICATION FORM, YOU WILL BE CONTACTED BY THE SOLID WASTE SERVICES DEPARTMENT FOR ON-SITE INTERVIEW.

If you have any questions, please call 704.336.2673. Return the form to Solid Waste Services Department, Administration, 1105 Otts Street, Charlotte, NC 28205 or fax to 704.353.0330.