



# Refuse & Recycling Services Streets & Stormwater

## REQUEST FOR PHYSICALLY LIMITED REFUSE SERVICE FORM

### Section I – To be completed by resident:

I certify by my signature below that I am physically impaired or otherwise not capable of placing my trash and/or recycling carts at the curb for pickup by the refuse hauler, and there are no other able-bodied persons in the home who can place the carts at the curb.

Because of my inability to place my carts at the curb for pickup, I request physically limited service from the City of Tulsa Solid Waste Division for once-a-week service.

32 gallon refuse cart	\$12.42 per month
64 gallon refuse cart	\$13.92 per month
96 gallon refuse cart	\$15.42 per month

96 gallon recycling cart	No additional charge
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Yard waste will still need to be placed in clear bags or bundled at curb side for service.

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By my signature I confirm that all residents in my household are disabled and each has a special service form filled out and submitted for program consideration.**

### Section II – To be completed by a licensed medical physician:

Physician's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Business Address: \_\_\_\_\_

I certify by my signature below that (patient's name) \_\_\_\_\_ is physically impaired or otherwise not capable of placing his/her residential trash and /or recycling carts at curb side for pick up by the refuse hauler.

Physician Signature: \_\_\_\_\_

By my signature I confirm that I am a licensed medical doctor, doctor of osteopathic medicine or ophthalmologist.

### For office use only

Date form was received: \_\_\_\_\_ Customer account number: \_\_\_\_\_

Approved:  Disapproved:  Reason for disapproval: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_