

APPLICATION FOR DISABILITY ALLOWANCE

STATEMENT

Under the terms and provisions of the City of Tampa Code, Solid Waste Section 26-169 (1) & (2), I hereby apply for back door 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 residential container serviced from my back door at each regularly scheduled pickup by the Solid Waste Department, and that this service is for only household solid waste and not tree trimmings, brush, clippings or other yard trash. I further understand that I may not place more than one (1) thirty-two gallon container out for collection.

I understand that a Doctor's Certificate will be required stating it would be injurious to my health to carry 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 Solid Waste Department 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.

NAME _____
(print) (signature)

ADDRESS _____ ZIP CODE _____

ACCOUNT NO. _____ PHONE NO. _____

PICK UP DAYS _____

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(FOR OFFICE USE ONLY)

DOCTOR'S CERTIFICATE ATTACHED AND DATED _____

APPLICATION: APPROVED _____ DENIED _____

EFFECTIVE DATE _____ ROUTE _____

DIRECTOR/DESIGNEE _____
(signature)