



CITY OF GAINESVILLE

*Public Works Department
Solid Waste Division*

Refuse Collection Application To Request Physically Disabled Service

PLEASE PROVIDE THE INFORMATION BELOW:

Resident's Name: _____
Last Name* First Name* MI

Service Address: _____
House & Street Numbers* City State Zip*

Contact Info: _____
Phone Number* Email Address

Requested New Set-out Location: _____
(Backdoor, carport, west side of house, etc.)*

Please attached a letter with this application from the resident's health care provider certifying the resident is unable to move the refuse containers to the curbside set out location due to a physical disability.

ACKNOWLEDGEMENTS:

- I understand I must submit all required information requested to process this application and there is no one else living at the residence that is able to move the refuse containers to the curbside set out location.*
- I understand this application and set out location must be approved by a designee of the City of Gainesville's Solid Waste Division.*
- I understand The City of Gainesville Solid Waste Division will be notified if the resident no longer meets any of the requirements in this agreement (i.e., the qualifying resident no longer lives at the address or no longer meets the definition of physically disabled).*

SIGNATURE:

Applicant's Signature* Date*

***Required fields**