



Application for Sanitation Collection Service for Disabled Residents

Applicant Information

Name _____ Telephone # _____

Residential address _____ Rent Own

Garbage roll cart location Next to garage/carport Side of house Other _____

Verification of special need and household occupancy - to be completed by applicant

I hereby apply for exemption the City of Cornelia's Sanitation policy requiring garbage receptacles are placed at the curb for collection; and in support of this application, I submit the following affidavit:

I, the undersigned claimant, do solemnly swear that I am a full-time resident at the above address; am disabled to the extent that I am incapable of moving my garbage container to the curb; and no able-bodied individual resides at the address above. I understand that the application for this service must be submitted on an annual basis, or my participation in the program will be discontinued.

Signature of applicant _____ Date _____

Notary (signature and stamp)

Signature _____ 20 _____

Disability statement - to be completed by a licensed physician

(Waived for residents with proof of permanent disability; annual self-certification form required)

I, a licensed physician, hereby certify that _____ is currently a disabled resident as described below, and unable to move his/her garbage or single-stream recycling container(s) to the curb.

Briefly describe the functional limitation(s) that preclude(s) placement of the container(s) at the curb:

I further certify that such disability is of a:

Temporary nature (length of disability is from _____ to _____) Permanent nature

Name of physician _____ Telephone # _____

Professional license number _____

Address _____ City/state/zip _____

Signature _____ Date _____