

SPECIAL SANITATION SERVICES REQUEST

Meaning the resident is unable to push a roll-out cart to the street for service.

A City approved rollout container must be obtained prior to Special Sanitation Services beginning.

Part 1 - To be completed by the applicant (Please print or type)

Name: _____ Birthdate: _____

Address: _____

Telephone Number: _____

Does anyone live with you? **YES or NO** If **YES** – please explain: _____

Do you have regular visitors who could take your cart to the curb? **YES or NO**

I hereby certify that the information provided above as well as the information provided by me to the authorized physician is true and correct.

Applicant's Signature: _____

Part II – To be completed by a licensed Physician (Please print or type)

Physician's Name: _____

Physician's Address: (please stamp if you have one) _____

Telephone Number: _____

Patient's disability can be described as _____

Does this disability warrant this type of Special Services: **YES or NO**

Is this disability **Temporary** or **Permanent**? _____

If Temporary - Approximate expected duration until ____/____/____

Due to the disability indicated above, I hereby certify that the applicant is unable to push a roll-out cart to the street and requires this Special Sanitation Service.

Physician's Signature: _____

Return application to:

Public Works Department
1500 Beatty St Greenville, NC 27834

Office Use Only:

Received by: _____ Date: _____

Scanned: _____ Emailed: _____

Placard Affixed: _____

Sanitation Superintendent: _____