



## SPECIAL SANITATION SERVICES REQUEST

For a resident, who 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.*

This application must be renewed yearly to maintain your special services.

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

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

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, by me, to the authorized physician is 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**? If **YES** - 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  
**Fax: 252-329-4535**

### **Office Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Placard Affixed: \_\_\_\_\_

Scanned: \_\_\_\_\_ Emailed: \_\_\_\_\_ Sanitation Superintendent: \_\_\_\_\_