

City of Mobile Public Services Department

Household Garbage Assistance Services for Physically Disabled Persons



APPLICATION FOR HOUSEHOLD GARBAGE ASSISTANCE SERVICES

TO BE COMPLETED BY RESIDENT REQUESTING SERVICES

APPLICANT INFORMATION

FIRST NAME: _____ LAST NAME: _____

TELEPHONE: _____ EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACT NAME: _____ TELEPHONE: _____

Please describe the physical disability that prevents you from placing garbage containers next to the roadway.

Is there any other person, including household or domestic help, that could assist you in placing your garbage cart next to the curb? (CHECK ONE) YES NO

Where is your garbage cart located? (CHECK ONE)

Next to garage/carport Side of house Other location: _____

Cart must be easily accessible and visible from the street; carts behind houses, inside garages/carports, or behind fences will not be collected

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Please read and initial each of the following statements. By initialing you indicate that you have read, understand, and agree to each one.

_____ I hereby grant the City of Mobile permission to use said private property and agree not to hold the City of Mobile liable for any damages resulting from the collection service, providing that this request is approved, and your driveway or private property has to be used to access.

_____ I understand that I be required to change from a (96) to a (64) gallon cart.

_____ I understand that collection is limited to garbage contained within the assigned cart and that no items outside of the cart will be collected.

_____ I understand that only bagged household garbage is permitted in the garbage carts (no loose garbage, yard waste, trash items or hazardous material).

_____ I understand that failure to comply with program rules and/or household garbage collection policies may result in termination of Household Garbage Assistance Services.

I hereby attest that I am disabled to the extent that I am physically unable to transport my garbage cart to the curb for collection; and that no able-bodied person resides or works in my residence that can transport my garbage cart to the curb for collection. 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: _____ DATE: _____

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DISABILITY STATEMENT

TO BE COMPLETED BY A LICENSED PHYSICIAN

It is my professional opinion that _____ is physically unable to transport their household garbage cart to the curb for collection.

_____ It is my professional opinion that their disability is permanent.

_____ It is my professional opinion that their disability is temporary.

If the disability is temporary it is anticipated to end _____.

NAME OF PHYSICIAN: _____ TELEPHONE: _____

ADDRESS: _____

LICENSE ID#: _____

SIGNATURE: _____ DATE: _____

Please remit completed application to:

Public Services Administration
1900 Hurtel Street
Mobile, AL 36605

Fax: (251) 208-2938
Email: (call for address)

If you have any questions, please call (251) 208-2941 or (251) 208-4100