DOCUMENT TRACKING NUMBER:

# CITY OF HOUSTON
# DEPARTMENT OF SOLID WASTE MANAGEMENT
# CITIZENS WITH DISABILITIES APPLICATION FOR SERVICES

On property service is restricted to physically challenged citizens who are sole residents at the address where service is requested, unless all other residents at the service address have disabilities which prevent them from placing waste items at the curb for collection.

Name of Applicant: _____
Address/Subdivision: _____
Home Phone #: ( ) _____

TYPE OF SERVICE REQUESTED: ☐ Automated ☐ Yard Waste ☐ Recycling

**APPLICANT'S CERTIFICATION:** **Circle the word which applies.**

(I/We), the undersigned, certify that (I/we) (am/are) physically challenged and unable to place solid waste at the curb for collection. Further, (I/we) (am/are) the sole (resident/residents) at the above service address. By (my/our) signature(s), (I/we) also give approval for solid waste personnel to enter the above-referenced property for the purpose of collecting solid waste and hereby waive any claim against the City of Houston for any damages in connection with solid waste personnel entering this property for the above-stated purpose.

**Signature of Applicant:** _____
**Signature of Other Resident(s):** _____

**PHYSICIAN/OPTOMETRIST'S CERTIFICATION**: To be completed by a licensed physician (or optometrist if person is legally blind).

I, a licensed physician or optometrist, hereby certify that _____
is physically disabled, such that he/she is unable to place his/her solid waste material at the curb for collection.

NAME OF PHYSICIAN OR OPTOMETRIST: _____
ADDRESS: _____ CITY/STATE/ZIP: _____

*(A physically disabled individual is defined in Article 6675 A-3E as one who "has mobility problems that substantially impair the person's ability to ambulate, or who is legally blind.")

**MAIL FORM TO: DEPARTMENT OF SOLID WASTE MANAGEMENT**
**P.O. BOX 1562, 12th Floor**
**HOUSTON, TEXAS 77251-1562**

**For Office Use Only**
Date Received: _____ Received By: _____
Assigned To (Supervisor): _____ Date: _____
Investigated By: _____ Service Center Assigned To: _____

Acceptance or Denial
Service Denied On: _____ Reason: _____
Service Accepted On: _____ Date Service Will Start: _____

**INVESTIGATION OF ON-PROPERTY SOLID WASTE COLLECTION SERVICE REQUEST**

Report Date: _____ Service Center: _____

Applicant's Name:

Applicant's Address:

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I have investigated the above-referenced address. The box checked below accurately describes my findings.

☐ Recommend that service be provided. No problems were encountered.

Point of Collection:

☐ Service can be provided if the following conditions are met:
- ☐ Pets are restrained.
- ☐ Access to property is improved.
- ☐ Other: _____

Point of Collection:

***Your scheduled collection day is:***

☐ **Monday** ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday**

☐ Service cannot be provided for the following reasons:
- ☐ Citizen not eligible for service (receives service through contract or or sponsorship).
- ☐ Citizen not eligible for service (occupies a residence that is not eligible for service).
- ☐ Property does not face a public street.
- ☐ Acceptable collection points are not visible from a public street.
- ☐ Property cannot be reached safely.
- ☐ Potentially harmful animals on property are not restrained.
- ☐ Other: _____

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Signature of Applicant: _____ Date: _____

Signature of Investigator: _____ Date: _____