



# GARLAND

## Application for Residential Sanitation Services Collection Assistance

Applying for the first time

Renewing existing status

**PLEASE PRINT RESPONSES**

### Program Description

The City of Garland Collection Assistance Program is a service offered to residents who are physically or visually impaired (either permanently or temporarily) and who do not have a household member or employee that is physically able to assist in placing the Collection and / or Recycling Container(s) at the curb for weekly pick-up.

#### **Sec. 52.13 Placement of residential solid waste for collection**

*(E) A person may request a reasonable accommodation from the requirement for placement of the residential solid waste container at the designated collection point. The applicant shall file a request for reasonable accommodation with the Managing Director and the applicant shall not be charged a fee for the application. The application shall contain the following:*

- (1) A statement that the applicant (or the person on whose behalf the applicant is requesting the accommodation) suffers from a handicap or disability (such as vision or mobility impairment) which substantially interferes with his or her ability to place the residential solid waste container at the designated collection point;*
- (2) A statement signed by a medical care provider verifying that the applicant suffers from a disability; and*
- (3) A statement from the applicant that the accommodation is both reasonable and necessary. An accommodation under this section is "necessary" if no member of the applicant's household is physically able to place the container at the designated collection point and if without the accommodation the applicant will be denied an equal opportunity to obtain the housing of his or her choice.*

*If the requested accommodation is granted, the applicant's residential solid waste container and single stream recycle container and bin shall be placed for collection in a location approved by the Managing Director which is easily accessible and not located within a fenced area, garage, or inside of a residence. A renewal notice may be sent annually to customers receiving collection assistance which shall be promptly returned to the Managing Director in order to verify the applicant's continued qualification for the accommodation.*

### Terms and Conditions

- Sanitation Services will collect garbage and recycling on the customer's regularly scheduled service day.
- Applicants with a temporary disability will be removed from collection assistance at end of their disability term as identified in section 3.
- Applicant must make garbage and recycling carts accessible for collection.
- Applicant may be subject to audit to verify eligibility.
- Sanitation Services has the authority to terminate such service upon a reasonable basis stated in writing to the applicant. Upon termination, the applicant must immediately resume regular residential collections.

### Section 1: To be completed by the Applicant

Applicant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: Garland State: Texas Zip Code: \_\_\_\_\_

Home/Cell: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Home Email: \_\_\_\_\_ Account Number: \_\_\_\_\_

## Section 2: Applicant verification of disability and household occupancy

### To be completed by Applicant

*I the undersigned applicant, certify that I am temporarily permanently disabled and unable to carry my residential garbage/recycling to the pick-up location. I also certify that there is no one in my household or employ that is able to carry my garbage/recycling to the pick-up location.*

*I understand that it is my responsibility to re-submit this form annually from the date of approval, for the continuance of residential Collection Assistance.*

*I hereby authorize my health care provider(s) to release the medical information included on this Application to my utility, or third parties authorized by the utility, to assist with the review, approval, and processing of this request.*

*I also certify that I live at the address listed above and that all information provided is accurate. If I meet the conditions for collection assistance under this program, I also agree to notify the City of Garland in writing when this medical status is no longer necessary.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient/Legal Guardian/Power of Attorney

## Section 3: Disability Statement

The following information is to be completed by the physician, public health official or optometrist only.

I hereby certify that the applicant named above is currently disabled as described below and unable to carry his/her garbage/recycling to the pick-up location.

Nature of disability: \_\_\_\_\_  
\_\_\_\_\_

I further certify that such disability is of a \_\_\_ temporary nature  
(Length of disability is from \_\_\_\_\_ to \_\_\_\_\_)  
\_\_\_ permanent nature continuing for the applicant's lifetime

Check one:  Physician  Public Health Official  Optometrist (License #: \_\_\_\_\_)

Physician/Health Official/Optometrist name (PLEASE PRINT): \_\_\_\_\_

Name and Job title (if not a physician): \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

I certify that the patient identified on this form has been examined by me, to the best of my knowledge the information provided is true, and the patient meets the criteria outlined in this document for collection assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physician, Public Health Official, or Optometrist)

CSCAFORM0721

DOCUMENT VALID FOR 12 MONTHS FROM DATE SIGNED ABOVE.

Return completed form to: Utility Customer Service  
City of Garland  
217 N. Fifth St.  
Garland, TX 75040