



PUBLIC WORKS DEPARTMENT

Dear Customer:

The objective of the City of West Memphis Sanitation Department is to give consistent, dependable, and economical service to all our customers. Because of this, hardship exemption services for physically unable households will be granted under certain conditions.

Eligibility requirements include:

1. All occupants of the household are physically unable to place or return garbage containers.
2. A medical form from your doctor OR proof of current Arkansas handicap parking permit will need to be submitted for all household occupants.
3. Approved hardship applications are valid through July of the following year of application. Sanitation Services will mail a renewal application to the applicant, which must be returned before June 15th of said year. Failure to return the renewal application will result in a discontinuation of service.
4. If at any time the hardship status changes and the service is no longer needed please contact the City of West Memphis Sanitation Services at 870-732-7580.

Please read and complete the attached application and submit it to the Sanitation Superintendent for review. You will be notified as soon as a determination is made.



CITY OF
WEST
MEMPHIS
 A R K A N S A S

Department of Public Works
 Sanitation Services
 PO Box 1728
 West Memphis, AR 72303

GARBAGE HARDSHIP SERVICE APPLICATION

Date: _____

Service Address: _____

Name of Applicant: _____

Mailing Address: _____

Email: _____

Phone Number: _____

Number of People Living at this Address: _____

LIST ALL PEOPLE LIVING AT THIS ADDRESS

NAME: _____	RELATIONSHIP: _____	AGE: _____
NAME: _____	RELATIONSHIP: _____	AGE: _____
NAME: _____	RELATIONSHIP: _____	AGE: _____
NAME: _____	RELATIONSHIP: _____	AGE: _____

Please attach an additional page if there are more than 4 additional residents.

Please check all that apply and sign below:

- I am physically unable to move the containers. See the required medical documentation for myself.
- I am physically unable to move the containers. See the proof of current Arkansas Handicap Parking Permit.
- All members of the household are unable to place or return garbage containers.
- Medical documentation is attached** for each member of the household.

APPLICANT SIGNATURE: _____

DATE: _____

GARBAGE SPECIAL WALK-UP PHYSICIAN STATEMENT

This application is a request for SPECIAL WALK-UP SERVICE in the City of West Memphis. This special service may be requested by a licensed physician on behalf of a patient for whom the moving of the wheeled garbage cart would present an unnecessary hardship or is impractical by reason of physical condition or medical problem.

PART A: TO BE COMPLETED BY APPLICANT					
Last Name:	First:	Middle:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Are you or anyone within your household able to wheel your carts to the curb for collection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:		Home Phone Number: ()		Mobile Phone Number: ()	

I, the undersigned applicant, certify that I am permanently temporarily disabled and unable to wheel my garbage cart to the curb for collection. I also certify that there is no one in my household, in my employ, or providing in home assistance to me from a third party that is able to get my carts to the curb. I authorize my physician to release any information necessary to verify my disability.

Applicant's Signature

Date

PART B: TO BE COMPLETED BY PHYSICIAN			
Physician's Name:	Physician's Type:	License Number:	
Physician's Address:	City:	State:	Zip Code:
Telephone Number:	Fax Number:	Email:	
<p>Note to Physician: By completing and signing this form you are indicating that it is harmful or impractical for the patient (applicant) named above to use these specifically required wheeled carts for the collection of garbage due to his or her physical condition or medical problem.</p> <p>Description of cart: Medium density polyethylene cart weighing 35 pounds. Cart is 43 1/2 inches tall, 29 3/4 wide and 35 1/2 deep with two large wheels that it tilts to roll on.</p>			
Is the applicant your patient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>Physician statement and request for patient exemption from use of wheeled garbage collection carts. Describe how the use of the wheeled household garbage cart would be harmful or impractical for your patient to use. Include the specific reason you believe Walk-Up Service to be justified. Please print clearly or type.</p>			
<p>This exemption should be: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary until _____</p>			

I certify by my signature that I am a physician licensed to practice medicine in Arkansas or Tennessee, and that in my judgement the patient named above should be granted Special Walk Up Service for Garbage Collection as described in this request.

Physician's Signature

Date