



City of Tuscaloosa
ENVIRONMENTAL SERVICES DEPARTMENT



DISABLED SERVICE REQUEST FORM

APPLICANT INFORMATION

Patients Name: _____

Patient's Service Address: _____

Mailing Address (if different): _____

Patient's Phone Number: _____ Water Account #: _____

APPLICANT'S 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 cart/recycling bin to the curb. I also certify that there is no one in my household or employ that is able to carry my garbage/recycling to the curb.

I understand that it is my responsibility to re-apply for this service each year to remain eligible and that the application that the city of Tuscaloosa mails to me each October is due by the following December 15th.

I authorize my physician or optometrist to release any information necessary to verify my disability.

Signature of Applicant: _____

Date: _____

DISABILITY STATEMENT

To be completed by a Licensed Physician (or Optometrist if person is legally blind)

I, a licensed physician or optometrist, hereby certify that _____ is currently disabled and unable to carry his/her garbage/recycling to the curb.

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

Name of Physician or Optometrist: _____

Professional License Number: _____ Telephone Number: _____

Address: _____ City/State/Zip: _____

Signature of Physician or Optometrist: _____ Date: _____

Return to:
Environmental Services Department
3431 Kauloosa Ave
Tuscaloosa, AL 35401
FAX - (205) 349-0366
PHONE - (205) 248-4900

DEPARTMENT USE ONLY Date Received: _____
 Approved: YES NO Supervisor: _____
 Reason if denied _____
 Route Day: _____ Route Truck: _____