APPLICATION FOR RESIDENTIAL DISABLED CARRYOUT SERVICE CITY OF FORT WORTH CODE COMPLIANCE DEPARTMENT, SOLID WASTE SERVICES DIVISION 4100 COLUMBUS TRAIL, FORT WORTH, TX 76133

APPLICANT INFORMATION	
Name:	
Residential Address:	· · · · · · · · · · · · · · · · · · ·
Fort Worth, TX Zip:	
Water Account Information—Customer No.:	Location ID No.:
Disabled Carryout Information: Front Porch Other:	
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/recycling 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-submit this form annually from this date for continuance of residential disabled carryout service.	
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 thatis currently "disabled" as described below and unable to carry his/her garbage/recycling to the curb.	
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	
Name of Physician or Optometrist:	
Professional License Number:	Telephone Number:
Address:	City/State/Zip:
Signature of Physician or Optometrist:	Date:

White Copy: City of Fort Worth Yellow Copy: Applicant Pink Copy: Physician