



**CITY OF FORT WORTH
 ENVIRONMENTAL SERVICES DEPARTMENT
 4100 COLUMBUS TRAIL, FORT WORTH, TX 76133**

APPLICATION FOR RESIDENTIAL DISABLED CARRYOUT SERVICE

Name: _____

Address of Residence Needing Carryout Service: *(Address where carts will be collected.)*

Fort Worth, TX Zip: _____ Telephone No.: _____

Water Account Information — Customer No.: _____

Disabled Carryout Information: Front Porch Other: _____

APPLICANTS VERIFICATION OF DISABILITY AND HOUSEHOLD OCCUPANCY

I, the undersigned applicant, certify that I am temporarily permanently disabled and unable to set out my residential garbage/recycling carts at the curb. I also certify that there is no one in my household, living or employed, that is able to set out my garbage/recycling carts at the curb.

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" as described below and unable to set out his/her garbage/recycling carts at the curb.
 Nature of disability: _____

I further certify that such disability is: Temporary* - limited for a period from _____ to _____
 Permanent - continuing for the applicant's lifetime.

***Temporary, disabled carryout service will end on the date determined by physician/optometrist. To extend the temporary carryout service or to convert the carryout service to permanent status, please call Customer Care at 817-392-1234.**

Name of Physician or Optometrist: _____
 Professional License No.: _____ Telephone No.: _____
 Address: _____ City/State/Zip: _____
 Signature of Physician or Optometrist: _____ Date: _____

FOR CITY OF FORT WORTH EMPLOYEE USE ONLY

Location ID: _____

This request is: Declined Approved Permanently Approved Temporarily until: _____

Employee Name: _____ Authorizing Signature: _____ Date: _____