



## DISABLED/SPECIAL SERVICE APPLICATION FOR SOLID WASTE PICK-UP

PLEASE NOTE: To qualify for disabled/special service pick-up, the applicant must live alone, or all residents of the dwelling must also qualify for the service.

### **Section 1: To Be Completed by Applicant**

1. Resident's Name: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Please initial the appropriate section below:

There are no other individuals residing at the above address.

All others residing at the above address are also elderly or disabled and a notice from their physician is attached.

5. Describe preferred location for pick-up (must be within line of sight of solid waste truck, no obstructed views):  
\_\_\_\_\_  
\_\_\_\_\_

### **Section 2: To Be Completed by Physician/Doctor for the Applicant and Other Residents as Needed**

Upon a professional assessment of \_\_\_\_\_, I have determined that due to their physical condition, that it may pose an undue hardship to meet normal requirements of the Town of Rocky Mount's ordinance for curb-side weekly garbage collection and that special exception should be made to accommodate this person for this service.

#### Check One

This condition is permanent.  
 This condition is temporary and will be re-checked on \_\_\_\_\_.

Name of Healthcare Facility: \_\_\_\_\_

\_\_\_\_\_  
**(Attending Physician)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Applicant Signature)**

\_\_\_\_\_  
**(Date)**

#### **After signature by physician, please return to:**

Town of Rocky Mount  
345 Donald Avenue  
Rocky Mount, VA 24151

For questions, please call (540) 483-0907 or email [solidwaste@rockymountva.org](mailto:solidwaste@rockymountva.org)

**Office use only: Six (6) month follow up: Date called: \_\_\_\_\_**