



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 curbside 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

Office use only: Six (6) month follow up: Date called: _____