



APPLICATION FOR RESIDENTAL QUALIFIED DISABILITY/ APPROVED PHYSICAL HARDSHIP ROLLOUT REFUSE CONTAINER ASSISTANCE PROGRAM

The City of Dyersburg recognizes that some residents may be physically unable to bring their rollout refuse container to the street, curb or alley for collection due to a disability or physical hardship. The City of Dyersburg allows for curbside exemption of household garbage and will provide " at the house" pickup at the standard rate for those who qualify for the assistance program regulated by 17-10 5.

17-105. Qualified disability/approved hardship application provisions. Residents having a qualifying disability or an approved hardship that prevents them from rolling the refuse container to the street for collection should contact City Hall (731-288-7604) or the Solid Waste department (731-288-2584) for a Qualified Disability/Approved Hardship application. A physician' s statement verifying the qualifying disability or physical hardship will be required. Once confirmed, the City of Dyersburg will provide service for the collection and return of your container to the storage location.

NOTE: (Any) person residing at this residence without a qualifying disability and/or an approved hardship will cause this service address to become ineligible for this assistance program.

To apply for this service, please complete the section that pertains to you and return it, along with required verification, to: City of Dyersburg Sanitation Department, 435 US Hwy 51 S, Dyersburg, Tennessee 38024, email to gwilson@dyersburgtn.gov, or return to Dyersburg City Hall.

Applicant's Name: _____

Total number of residents in household: _____

Address: _____

Phone Number: _____

Please check the applicable boxes below

_____ I currently have a garbage container from the City of Dyersburg and would like to participate in the qualified disability / approved physical hardship garbage service assistance program.

_____ I certify that I have a disability or physical hardship; therefore, I am requesting modified garbage pickup services from the City of Dyersburg.

_____ I certify there is no co-habitant resident to provide this service for me.

Please indicate if your disability or hardship is permanent or temporary

_____ Permanent

_____ Temporary Dates _____ to _____

Applicant's Signature: _____ Date: _____

**Service agreement must be signed by applicant to be considered for this service.
Page 2 to be filled out by your healthcare provider.**

The section below should be filled out by your healthcare provider, or please attach physician's statement or other certification verifying that you are physically unable to take the household rollout refuse container to the curb.

Applicant's Name: _____

Applicants Current Address: _____

Physician Printed Name: _____

Group/Practice: _____

Practice Address: _____

Practice Phone Number: _____

Healthcare Provider's Description/Comments on Hardship or Disability:

Physician Signature: _____ Date: _____

By providing your signature, you hereby affirm that the information on this document is accurate and true and that your patient is physically unable to transport the rollout refuse container(s) to the street, curb or alley due to a disability or physical hardship. Furthermore, to the best of your knowledge, no other resident in their household is physically able to provide this service for them.