

MEDICAL WAIVER FOR SOLID WASTE SERVICE

HEALTH CARE PROVIDER CERTIFICATION:

I certify that Mr./Ms. (please print) _____ has a medical condition which significantly limits his/her physical ability to deliver solid waste to the curb. This condition is:

Indefinite

Temporary for a period of _____ days

The forgoing statement is correct and complete to the best of my knowledge and professional belief.

Signature (Physician, Physician Assistant, Nurse Practitioner)

Date

Print Name

License #

CUSTOMER CERTIFICATION:

I, (print name) _____ residing at (property address) _____ hereby attest that I am unable to deliver my solid waste to the curbside. I am authorizing the City of Gainesville to enter my private property to collect my residential waste and recycling from the front of my house on each regularly scheduled pickup. I further attest that there is no individual who resides in the residence who can deliver the solid waste to the curbside. I also certify that, should my physical condition change such that I am able to deliver my solid waste to the curbside, or should another individual who can deliver my solid waste to the curbside take up residence with me, I will contact Public Works by telephone at 770-532-0493, by U.S. Mail, or by email at solidwaste@gainesvillega.gov within thirty (30) days and advise Public Works of this change in my eligibility for the medical waiver exemption.

Signature _____

Date _____

Daytime Contact # _____

Please return the signed healthcare and customer certification to:

City of Gainesville Public Works
Attn: Solid Waste
PO Box 2496
Gainesville GA, 30503
Or via e-mail: solidwaste@gainesvillega.gov

If you need assistance with this form, please contact Public Works at 770-535-6882.