

Automated Waste Disposal & Recycling Collection Program: Assistance for the Physically Unable

The purpose of this program is to assist persons who are physically unable to utilize the automated collection system on their own and have no assistance available to them. The City of Oconomowoc has set up a program to help these residents get their recycling and refuse collected.

Qualified residents will have their carts wheeled from outside their home to the curb and then back to their home by service technicians/drivers.

To qualify for the Residential Physically Unable Roll-Out Service resident must:

1. Be unable to wheel their cart(s) to the curb for collection.
2. Have no one else who can assist them such as a spouse or other live-in family member or personal assistant.
3. Be certified by a practicing and licensed physician as needing assistance. The signing physician should be a non-family member.
4. Fill out and return the required Application for Residential Roll-Out Service. *(bottom of page)*
5. Return the Physically Unable Statement, *(page 2)* signed by a physician by **March 1, 2015**.

Please return lower portion by mail to:

City of Oconomowoc
Attn: Kathy
P.O. Box 27
Oconomowoc, WI 53066

You will be notified by phone after your application has been received and further instructions will be given at that time.

Applicant Information

Name: _____

Residential Address: _____

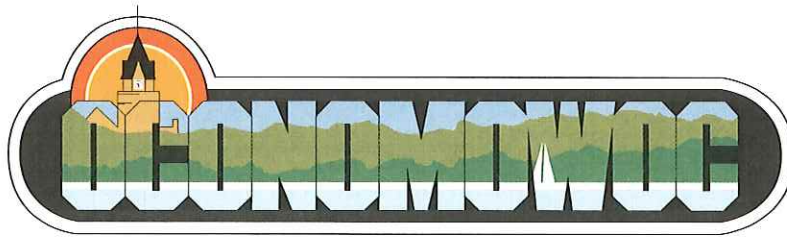
City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Applicant's Verification of Disability and Household Occupancy

I, the undersigned applicant, certify that I am _____ temporarily _____ permanently physically unable to push my recycling/refuse carts to the curb. I also certify that there is no one in my household, in my employ, or providing in home assistance to me from a third party that is able to get my carts to the curb. I understand that I may be required to re-submit this form annually from this date for continuance of this residential physically unable roll out service. I authorize my physician or optometrist to release any information necessary to verify by disability.

Signature of Applicant: _____ Date: _____



Physically Unable Statement

To be completed by a Licensed Physician (or Optometrist if Applicant is legally blind)

I, a licensed physician or optometrist, hereby certify that _____
is currently physically unable to get his/her recycling/refuse carts to the curb.

I further certify that this physical inability is _____ **temporary** in nature.

Length of disability is from _____ to _____.

-OR-

I further certify that this physical inability is _____ **permanent** in nature continuing for the applicant's lifetime.

Name of Physician or Optometrist: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Signature: _____ Date: _____

Email: _____

Please return signed statement to:

City of Oconomowoc

Attn: Kathy

P.O. Box 27

Oconomowoc, WI 53066