



Door Side Assistance Form

Name _____

Address _____

Phone _____

Doctor's Certification

I, the undersigned, hereby certify that I am a medical doctor licensed to practice medicine in the State of Texas. I further certify that my patient, named below, has an ongoing disability that prevents him/her from moving the recycling cart to the curb for collection.

Patients Name

Doctor's License Number

Doctor's Signature

Print Name

Business Address

Telephone Number

Date

Applicant's Certification

In accordance with the physician's verification above, I am physically unable to move my household trash and/or recycling to the curb for collection. I further verify that there is no able-bodied person living at my residence that is capable of moving my trash/recycling to the curb for collection.

I understand that it is my responsibility to resubmit this form annually from this date for continuance of collection assistance.

Applicant's Signature

Date

Return to: City of Arlington, ATTN: Jennifer Shaver, PO Box 90231, Arlington, TX 76004-3231 or email to Jennifer.Shaver@arlingtontx.gov . Fax to 817-459-6585.