

## **Bridge City Sanitation**

## **Walk-Up Recycling and Trash Service Application**

We offer walk-up service for customers who are physically unable to get their recycling and trash to the curb. There is no charge for this service. You **MUST** renew this service yearly.

## PART ONE – To be completed by the customer

| Name                                                       |                                     | Phone No                                |
|------------------------------------------------------------|-------------------------------------|-----------------------------------------|
| Address                                                    |                                     | -                                       |
| I am requesting walk-up service forTr                      | rashRecycling                       |                                         |
| I will place my materials so they are visib                | ole from the street used during the | normal collection route.                |
| at the front door other (please de                         | escribe)                            |                                         |
| I certify that there is no one in my home                  | who can take my recycling and/or    | trash to the curb for me.               |
| Signature of Applicant                                     |                                     | Date                                    |
| PART TWO – To be completed by the ph                       | ysician                             |                                         |
| I certify that this patient has health limita<br>the curb. | ations that prevent him or her from | getting their recycling and/or trash to |
| This condition is:                                         |                                     |                                         |
| Temporary (specify time period)                            | long term (at least one year)       |                                         |
|                                                            |                                     |                                         |
| Physician Name                                             | Signature of physician              |                                         |
| Telephone Number                                           | Date                                |                                         |

Please return this form by fax to Bridge City Sanitation 641-684-6343. Any questions Call 641-682-1700.

This form expires one year from the date signed by physician.