

## REQUEST FOR CARRY OUT ACCOMMODATION

## TRASH/RECYCLE COLLECTION SERVICE

	Service Pick-Up Day:  Choose one or both → Assistance with: □ Trash □ Recycle  Choose only one → Utility Account: □ Owner □ Tenant  If more than one person resides in the home, a separate form must be submitted for EACH PERSON living at the residence.  me, Relationship, Phone:
Customer indicated the cart(s) will be located:  * * Please Note: Once service has begun, cart(s) MUST NOT be placed on the curb. * *	
I, the undersigned applicant, certify I am at curbside for collection service. I und authorize my health care provider to relessing a signature of Applicant:  * * * * * * * * * * * * * * * * * * *	CERTIFICATION AND AUTHORIZATION  In physically unable to place the city residential garbage/recycling cart(s)  Iderstand accommodation request must be submitted annually. I hereby  Pease any information necessary to the City of Corpus Solid Waste Dept.  Date:  Date:  With a temporary or permanent physical condition that prohibits or limits and and/or pulling the cart(s) to the curbside for pick-up.
CERTIFICATION OF HEALTH CARE PROVIDER  I, a licensed health care provider, hereby certify that the above patient is physically unable to set out his/her garbage and recycling cart(s) to the curbside for collection service.  Please check one: The patient has a Permanent Physical / Medical Condition The patient has a Temporary Physical / Medical Condition (Length of condition is from:	
	Address: Ph#: Date:

PLEASE MAIL, EMAIL OR FAX COMPLETED FORM TO:

City of Corpus Christi - Solid Waste Dept. 2525 Hygeia St, Corpus Christi, TX 78415 Phone: (361) 826-2489 Fax: (361) 826-1971 solidwasteservices@corpuschristitx.gov