



Application for Residential Exception Service

Once completed, please return this form to: City of Greenville Public Works, 360 S. Hudson St., Greenville, SC 29601

Applicant Information

Name: _____

Street Address: _____

Phone Number: _____

Location of Carts: _____

VERIFICATION OF DISABILITY AND HOUSEHOLD OCCUPANCY

I, the undersigned applicant, certify that I am (circle one) **temporarily** / **permanently** disabled and unable to transfer my residential garbage and recycling carts to the curb. I also certify that there is no one in my household or employed by me who is able to transfer my garbage and recycling carts to the curb.

I understand that it is my responsibility to reapply for this service one year from the date listed below, and that failure to do so may result in discontinuance of my carry-out service.

I authorize my physician or optometrist (if legally blind) to release any information necessary to verify my disability.

Applicant Signature: _____ Date: _____

DISABILITY STATEMENT BY PHYSICIAN (OR OPTOMETRIST)

I, a licensed physician or optometrist, hereby certify that _____

is disabled and unable to transfer his/her garbage and recycling carts to the curb.

Nature of disability: _____

Physician/Optomtrist Name: _____

Professional License Number: _____ Phone: _____

Address: _____ City/State/Zip: _____

Physician/Optomtrist Signature: _____ Date: _____