

City of Henderson, Kentucky

APPLICATION FORM
SOLID WASTE/RECYCLE COLLECTION SPECIAL SERVICES

Name: _____ Telephone _____

Street Address: _____

Number of persons living in the household: _____

I. Certification by the Resident: I hereby certify that:

- (a) There is no person living in this household, either adult or minor, who is physically capable of transporting a refuse container to the street or alley or a recycle container to the street because of a permanent mobility impairment; and
- (b) There is no neighbor or relative living outside of the household who normally helps me/us because of my/our permanent mobility impairment, who is able or willing to help in transporting a refuse container to street or alley or a recycle container to the street.

Signature of Applicant(s)

Date

II. Certification by the Physician: I hereby certify that:

Mr./Mrs./Mr. & Mrs. _____ has/have a permanent mobility impairment that prevents the transportation of a refuse and/or recycle container weighing as much as 20-25 pounds to the street or alley once a week for refuse collection and/or to the street on a bi-weekly basis for recycle collection.

Signature of Physician

Telephone Number

Date

Please return the completed application form to the City of Henderson, Public Works Department, 222 First Street, P.O. Box 716, Henderson, Kentucky, 42419. Questions should be directed to 270-831-1200, extension 211.