

Application for Residential Disabled Trash Service

City of Las Cruces – Solid Waste Department
680 North Motel Boulevard, Las Cruces, NM 88005

Applicant Information

Name: _____ Telephone Number: _____

Residential Address: _____

Location of Trash Container: & Back Yard & Side of House & Other _____

Verification of Disability and Household Occupancy To be completed by Applicant

I, the undersigned applicant, certify that I am & temporarily & permanently (check one) disabled and unable to wheel my residential trash container to the street. I also certify that there is no one in my house or employ who is able to wheel my trash container to the street.

I understand that it is my responsibility to re-submit this form annually by September 1st of each year to continue receiving residential disabled trash service.

I authorize my physician to release any information necessary to verify my disability.

Signature of Applicant: _____ Date: _____

Disability Statement

To be completed by a Licensed Physician (or Optometrist if the applicant is legally blind).

I, a licensed physician or optometrist, hereby certify that _____ is currently "disabled" as described below and unable to wheel his/her trash container to the curb.

Describe the functional limitation(s) which precludes placement of the trash container at the curb:

I further certify that such disability is of a:

& Temporary nature. (Length of disability is from _____ to _____)

& Permanent nature continuing for the applicant's lifetime.

Name of Physician/Optomtrist: _____ Telephone Number: _____

Professional License Number: _____

Address: _____ City/State/Zip: _____

Signature: _____ Date: _____