



## Application for Sanitation Accomodation for Disabled Residents

### Applicant Information

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Residential address \_\_\_\_\_  Rent  Own

Trash can location  Next to garage/ carport  Side of house  Other \_\_\_\_\_

### Verification of special need and household occupancy – to be completed by applicant

I hereby apply for an accommodation to the Hot Springs Village Sanitation rules and regulations; and in support of this application, I submit the following affidavit:

I, the undersigned resident, do solemnly swear that I am a full-time resident at the above address; am disabled to the extent that I am incapable of moving my POA provided trash can to and from the home to the street. I further certify that there is no one residing in my household, in my employ, or providing in home assistance to me from a third party that is able to get my trash can to and from the street. I understand that the application for this service must be submitted on an annual basis, or my accommodation may be discontinued.

Signature of resident \_\_\_\_\_ Date \_\_\_\_\_

### Disability statement – to be completed by a licensed physician

*(Waived for residents with proof of permanent disability; annual self-certification required)*

I, a licensed physician, hereby certify that \_\_\_\_\_ is currently a disabled resident as described below, and unable to move his/ her trash can to and from the street to their home.

Briefly describe the functional limitation(s) that preclude(s) placement of the trash can at the street:

I further certify that such disability is of a:

Temporary nature (length of disability is from \_\_\_\_\_ to \_\_\_\_\_),  Permanent nature

Name of physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Professional license number \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_