



CITY OF FORT WORTH
ENVIRONMENTAL SERVICES DEPARTMENT
4100 COLUMBUS TRAIL, FORT WORTH, TX 76133

APPLICATION FOR RESIDENTIAL DISABLED CARRYOUT SERVICE

Name: _____

Address of Residence Needing Carryout Service: *(Address where carts will be collected.)*

Fort Worth, TX Zip: _____

Telephone No.: _____

Water Account Information — Customer No.: _____

Disabled Carryout Information: ☐ Front Porch ☐ Other: _____

APPLICANTS VERIFICATION OF DISABILITY AND HOUSEHOLD OCCUPANCY

I, the undersigned applicant, certify that I am ☐ temporarily ☐ permanently disabled and unable to set out my residential garbage/recycling carts at the curb. I also certify that there is no one in my household, living or employed, that is able to set out my garbage/recycling carts at the curb.

I authorize my physician or optometrist 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 person is legally blind)

I, a licensed physician or optometrist, hereby certify that _____
is currently "disabled" as described below and unable to set out his/her garbage/recycling carts at the curb.

Nature of disability: _____

I further certify that such disability is: ☐ Temporary* - limited for a period from _____ to _____
☐ Permanent - continuing for the applicant's lifetime.

***Temporary, disabled carryout service will end on the date determined by physician/optometrist. To extend the temporary carryout service or to convert the carryout service to permanent status, please call Customer Care at 817-392-1234.**

Name of Physician or Optometrist: _____

Professional License No.: _____ Telephone No.: _____

Address: _____ City/State/Zip: _____

Signature of Physician or Optometrist: _____ Date: _____

FOR CITY OF FORT WORTH EMPLOYEE USE ONLY

Location ID: _____

This request is: ☐ Declined ☐ Approved Permanently ☐ Approved Temporarily until: _____

Employee Name: _____ Authorizing Signature: _____ Date: _____