

Application Mail Date _____

Request: **Green or Blue Cart**

(Circle the color of cart you prefer)



**CITY OF MUSKOGEE
DEPARTMENT OF SOLID WASTE MANAGEMENT
REQUEST FOR ROLLOUT SERVICE FOR THE DISABLED**

Name of Applicant: _____
Address/Subdivision: _____
Home Phone: _____

PERMANATLY DISABLED CITIZENS

The on property service is restricted to physically challenged citizens who are sole residents at the address where service is requested, unless all other residents at the service address have disabilities which prevent them from placing waste items at the curb for collection. **The application must be renewed yearly and submitted before February 1st of the current year.**

TEMPORARY DISABLED CITIZENS

This service is available to those citizens who are temporarily disabled and only need the service for a short time. The citizen must be the sole resident at the address where the service is requested, unless all other residents at the service address have disabilities that prevent them from placing waste at the curb for collection.

If Temporary: Beginning Date _____ Ending Date _____

If disability is temporary application must be submitted every 6 months.

APPLICANT'S CERTIFICATION: Circle the word which applies.

PERMANANT

TEMPORARY

I the undersigned, certify that I am physically challenged and unable to place solid waste at the curb for collection. Further, I am the sole resident at the above service address. By my signature I also give approval for solid waste personnel to enter the above-referenced property for the purpose of collecting solid waste and hereby waive any claim against the City of Muskogee for any damages in connection with solid waste personnel entering this property for the above-stated purpose.

Signature of Applicant: _____

Signature of Other Resident(s): _____

PHYSICIAN/OPTOMETRIST'S CERTIFICATION: Please include a copy of the disability letter issued by your physician. If the disability is temporary certification letter must include an end date for the disability not to exceed six months. Physician's certification must be received prior to beginning rollout service.

**MAIL FORM TO: Solid Waste Division
301 South Cherokee St.
Muskogee, Oklahoma, 74403
918-684-6333
Fax to 918-684-6315**

(Application available at above location or online at www.cityofmuskogee.com)

For Office Use Only

Date Received: _____ Received By: _____

Assigned To (Supervisor): _____ Date: _____

Acceptance or Denial

Service Denied On: _____ Reason: _____

Service Accepted On: _____ Date Service Will Start: _____