

CITY OF BRUNSWICK MEDICAL DOCUMENTATION FOR EXEMPTION SERVICES

These are special services provided to residents who are disabled or physically unable to place their refuse at the designated point of collection and do not have any available relative, friend or neighbor who can perform these tasks for them. While the City of Brunswick is able to provide these services, we must limit its availability to those whose mobility is medically and physically impaired.

Residents requesting this service must complete the Exemption Questionnaire section on this form and have their doctor complete and sign the Doctor's Certification for Exemption Services section prior to receiving these services.

EXEMPTION QUESTIONNAIRE

(To Be Completed By the Resident)

NAME: _____ TODAY'S DATE: _____

CURRENT ADDRESS: _____ ZIP CODE: _____

PHONE NUMBER: _____ BEST TIME OF DAY TO CALL: _____

AGE: _____ NUMBER LIVING IN HOUSEHOLD: _____

AGES OF ADDITIONAL PERSON(S) LIVING IN HOUSEHOLD: _____

INDICATE THE SERVICE(S) YOU ARE REQUESTING:

- TRASH COLLECTION
- RECYCLE COLLECTION

I hereby give consent to my physician to release information to the City of Brunswick.

Resident's Name: _____

Resident's Signature: _____

Address: _____ Zip Code: _____

DOCTOR'S CERTIFICATION FOR EXEMPTION SERVICES

Medical documentation is required to verify the need of each resident who requests exemption services. Please fill out this section on behalf of your patient who is currently requesting these services. Your cooperation in this matter is greatly appreciated.

I hereby certify that _____ is under my care and due to medical restriction is unable to safely place their refuse/recycling at the designated point of collection.

Physician's Name

Physician's Signature

Date: _____

WHEN COMPLETED BY RESIDENT AND DOCTOR SEND TO:

City of Brunswick, Service Department
4095 Center Road
Brunswick, OH 44212