



City of Alachua

TRACI L. GRESHAM
CITY MANAGER

RODOLFO VALLADARES, P.E.
PUBLIC SERVICES DEPARTMENT

Application for Special Needs Residents Side Yard Refuse Collection Services

Applicant Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Please state your reasons for applying for the City of Alachua's Special Needs Residents Side Yard Refuse Collection Service:

Please indicate whether anyone residing in your home is physically able to deliver garbage, trash, and recycling containers at the proper street side location on collection days.

Yes: __

No: __

Physician Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Applicant Signature

Date

Circle One: Approved Disapproved

Jessie A. Meetoo
Staff Assistant

Date



City of Alachua

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Application Guidelines for Special Needs Residents Side Yard Refuse Collection Services

The City of Alachua provides special needs residents with side yard refuse collection services at no additional charge to qualified residents. Residents requesting this service must complete an application and submit it to the City of Alachua's Public Services Staff Assistant with a physician's statement indicating that the applicant is physically unable to deliver garbage and recycling containers to the proper street side location.

Guidelines:

1. When a request is made for special needs resident side yard refuse collection service, the resident will be sent an application to complete and return. **(SEE APPLICATION ATTACHED)**
2. The applicant must submit a physician's statement indicating whether or not he or she is physically unable to take the garbage to the pickup point. **(SEE PHYSICIAN'S STATEMENT ATTACHED)**
3. However, if there is anyone living in the residence with the applicant that is physically able to deliver the garbage to the street side collection location, the application **WILL NOT** be approved.

If you have any questions regarding these guidelines or require additional information, please do not hesitate to call me at the number listed below.

Sincerely,

City of Alachua
Jessie A. Meetoo
Staff Assistant
386-418-6140



City of Alachua

TRACI L. GRESHAM
CITY MANAGER

RODOLFO VALLADARES, P.E.
PUBLIC SERVICES DEPARTMENT

PHYSICIAN'S STATEMENT

Reference: Patient: _____
(Patient name here)

Subject: Side Yard Refuse Collection Services for Special Needs

Dear Sir or Madam:

The above-referenced patient is hereby requesting side yard refuse collection service from the City of Alachua as a special needs resident. Please confirm the need for this service by completing this physician's statement and returning it to:

Public Services Staff Assistant
CITY OF ALACHUA
PO Box 9
Alachua, Florida 32616
Telephone: (386) 418-6140 Fax: (386) 418-6164
E-mail: jmeetoo@cityofalachua.org

Patient Name: _____

_____ Patient **is able** to deliver garbage and recycling to street side for collection.

_____ Patient **is unable** to deliver garbage and recycling to street side for collection.

Comments: _____

Physician Name	Physician Signature	Date
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Thank you for your assistance in this matter and if you have any questions, please do not hesitate to call me.

Sincerely,

Jessie A. Meetoo
Staff Assistant