



CITY OF BRISTOL, VIRGINIA
SOLID WASTE MANAGEMENT
Application / Agreement for Physically Challenged Service

Name: _____ Date: _____

Service Address: _____ Phone: _____

Mailing Address: _____

Special service is being requested for the following service:

Weekly solid waste removal

Reason for request:

Attached to this Application is a physician's certification, stating that I am unable to transport solid waste from my residence at the above-referenced address to the public street as required by Article II., Section 70-27 (b), The Code of the City of Bristol, Virginia.

I further certify that any and all other persons residing at such address are also unable to transport all solid waste, to the public street or public alley as required by Article II, Section 70-31 (c) of the city code. I agree to notify the Solid Waste Management division at 276-645-7380 if I vacate this residence, or become physically able to, or reside with a person who is physically able to, transport to the public street as required by Section 70-27 (b) of the City Code, all solid waste, generated by those persons residing at such address.

I understand that I will need to re-apply for Physically Challenged Service within twelve (12) months from the date of approval of my application by the Director of Public Works if I am interested in receiving uninterrupted service.

Applicant's Signature

Date

Supervisor's Approval

Date Approved

Director of Public Works

Date Approved

For office use only:

WO# _____ Can Delivery Date: _____ Can Delivered: _____ / _____

