



SPECIAL NEEDS COLLECTION APPLICATION
CITY of CAPE GIRARDEAU

Date Submitted: _____

PUBLIC WORKS DEPARTMENT, 2007 SOUTHERN EXPY, CAPE GIRARDEAU, MO 63703, 573-339-6351

If a resident is permanently, physically disabled, the City Public Works Department will provide solid waste/recycling pickup at the resident's front/rear door. This form, along with an official statement from a physician stating the disability, must be submitted to the Public Works Office for approval.

Full Name <i>(As it appears on your city utility bill)</i>	Account Number <i>(As it appears on your city utility bill)</i>
Date of Birth	Telephone Number
Service Address	

Nature of the permanent, physical handicap which would qualify the resident for front/rear door solid waste and recycling pickup

Attach an official statement (i.e. office letterhead) from a physician stating the permanent, physical disability such that would prevent the resident from moving the trash/recycling containers to the curb. The statement must include a brief explanation of the nature of the handicap.

I, _____, hereby apply for front/rear door residential solid waste and recycling collection by the City of Cape Girardeau. I certify that I am permanently physically handicapped such that I cannot move my refuse containers to the curb. I further certify that I have no one available in my home to move the refuse containers to the curb.

Signature of Applicant

Date

PRINT, SIGN AND RETURN APPLICATION AND PHYSICIAN STATEMENT TO:

Public Works Department
City of Cape Girardeau
2007 Southern Expressway
Cape Girardeau, MO 63703
Fax: 573-339-6363
capepublicworks@cityofcape.org

OFFICE USE ONLY			
Public Works	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	Signature
			Date
Comments/Notes:			