

## MEDICAL DOCUMENTATION FOR EXEMPTION SERVICE

The Sanitation Department has received a request from a resident who is applying for exemption service. This is a special service provided to residents who are disabled or physically unable to place their refuse at the designated point of collection.

Many residents inform us they are physically unable to use the 64 or 96-gallon container placed in their area. In addition, they do not have any available relative, friend or neighbor who can perform this task for them. While we are happy to provide this service, we must limit its availability to those whose mobility is medically and physically impaired.

We request that medical documentation be provided to verify the need of each resident who receives exemption service. Please fill out the lower portion of this letter on behalf of your patient who is currently receiving this service. Your cooperation in this matter is greatly appreciated.

Sincerely,

**Mail to:**

Scott Pond  
Superintendent of Solid Waste  
City of Wadsworth  
120 Maple St.  
Wadsworth, Oh 44281  
330-335-2847

I hereby give consent to my physician to release information to the Sanitation Department about my condition.

Resident's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Resident's Signature: \_\_\_\_\_

### **Doctor's Certification for Exemption Service**

I hereby certify that \_\_\_\_\_ is under my care for treatment of

\_\_\_\_\_  
which impairs mobility and physically restricts the patient from placing their refuse at the designated point of collection.

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date