

REFUSE COLLECTION DIVISION  
**EXEMPTION SERVICE QUESTIONNAIRE**  
(To be completed by the resident)

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BEST TIME OF DAY TO CALL: \_\_\_\_\_

AGE: \_\_\_\_\_ NUMBER LIVING IN HOUSEHOLD: \_\_\_\_\_

AGE(S) OF ADDITIONAL PERSON(S) LIVING IN HOUSEHOLD: \_\_\_\_\_

TYPE OF COLLECTION SERVICE USED:

64-GALLON CONTAINERS \_\_\_\_\_

96-GALLON CONTAINERS \_\_\_\_\_

WHO ROUTINELY PLACES YOUR REFUSE OUT FOR COLLECTION NOW?

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE FOR A CHRONIC ILLNESS, WHICH IMPAIRS MOBILITY?

YES \_\_\_\_\_

NO \_\_\_\_\_

DO YOU NEED THE ASSISTANCE OF AN AID IN YOUR MOBILITY? IF YES, WHAT TYPE:  
WHEELCHAIR \_\_\_\_\_ WALKER \_\_\_\_\_ CANE \_\_\_\_\_

DO YOU HAVE A FRIEND, NEIGHBOR, OR RELATIVE WHO IS WILLING TO PLACE YOUR REFUSE AT THE DESIGNATED POINT OF COLLECTION?

YES \_\_\_\_\_

No \_\_\_\_\_

REASON FOR REQUESTING EXEMPTION SERVICE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**PLEASE ATTACH THE MEDICAL CERTIFICATION FORM and return to:**

Scott Pond.  
Superintendent of Solid Waste  
City of Wadsworth  
120 Maple Street  
Wadsworth, Oh 44281

**THANK YOU!**