



Sanitation
Refuse Collection Division
EXEMPTION SERVICE QUESTIONNAIRE

*to be completed by the resident * please print*

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 _____

Reason for requesting exemption service:

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 a mobility aid? If yes, what type?

wheelchair _____ walker _____ cane _____

Do you have a friend, neighbor, or relative who is willing to place your refuse container at the designated point of collection near the street? yes _____ no _____

today's date: _____

PLEASE HAVE YOUR PHYSICIAN COMPLETE THE MEDICAL CERTIFICATION FORM and return both forms to ...

**Sanitation Department
City of Wadsworth
120 Maple Street
Wadsworth, OH 44281**



Sanitation
Refuse Collection Division
MEDICAL DOCUMENTATION FOR EXEMPTION SERVICE
please print

A patient in your care is requesting an exemption service from the Sanitation Department of the City of Wadsworth. 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 that they are physically unable to use the 64 or 96-gallon container designated for their trash. 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 or physically impaired.

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

Sincerely,
David Sekala
Sanitation Supervisor

*mail completed form to ...
Sanitation Department
City of Wadsworth
120 Maple Street
Wadsworth, OH 44281*

Resident Request for Release of Information

I hereby give consent for my physician to release information to the Sanitation Department of the City of Wadsworth about my condition.

Resident's Name: _____

Address: _____

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

Physician's address: _____