

CARRY-OUT SERVICE APPLICATION

The City of Port Townsend requires all utility customers to establish solid waste disposal service with Waste Connections (the City's contracted service provider). The city recognizes that certain individuals in our community require assistance with moving and placement of garbage roll-carts, yard waste bins and recycling bins from their home to their curbside pickup location. For those individuals, we have partnered with Waste Connections to offer Carry-Out Service.

Carry-Out Service is restricted to those customers for whom movement of roll-carts and bins poses a physical challenge or serious risk for fall or injury.

Applicant Information:

| | | | | | |
|------------|-----------------------|--------------|--------------------|--------|-------|
| Full name: | <hr/> | | | Date: | <hr/> |
| | <i>Last</i> | <i>First</i> | <i>M.I.</i> | | |
| Address: | <hr/> | | | Phone: | <hr/> |
| | <i>Street address</i> | | <i>Apt./Unit #</i> | | |
| | Port Townsend | WA | 98368 | Email: | <hr/> |
| | <i>City</i> | <i>State</i> | <i>Zip Code</i> | | |

Carry-Out Distance and Details:

Please describe approximate distance from home to curbside pickup location, details about driveway/walkway or access points, etc.

Applicant Qualifying Need(s):

Please describe the applicant's medical necessity that requires them to apply for assistance with carry out service.

Applicant Checklist - Proof of Qualifying Need(s):

Please provide one or more of the acceptable documents proving the need for physical assistance (carryout service). If applying under elderly status, a doctor's note is required, describing the applicant's age-related medical necessity, in addition to proof of age.

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|--|--|--|
| <input type="checkbox"/> Elderly – Proof of Age (ID/License) | <input type="checkbox"/> Doctor's Note, etc. | <input type="checkbox"/> Disability – Proof of Disability Status |
|--|--|--|

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

| | | | |
|------------|-------|-------|-------|
| Signature: | <hr/> | Date: | <hr/> |
|------------|-------|-------|-------|