

RESIDENT INFORMATION

Name _____

Service Address _____

Phone Number _____ E-Mail _____

Mailing Address (if different) _____

By signing below and submitting this request, I verify that I meet the following criteria and will follow the collection requirements:

- I have a medical condition or physical restriction and am not capable of bringing my trash and recycling receptacle(s) to the curb for collection.
- I do not live with someone who is physically capable of bringing my trash and recycling receptacle(s) to the curb.
- I understand that my receptacles must be placed outside no later than 6am on my collection day. The receptacles will be in front of or beside my home (unless service is via a rear alley), clearly visible from the street.
- I will provide safe and convenient access to the receptacles. I understand my receptacles cannot be collected if they blocked by parked vehicles, in a fenced area, or in a carport, garage, or other enclosed/inaccessible area.
- I will ensure my property is free of hazards for the hauler, including trip or slip hazards, vicious animals that are loose or tethered near the receptacles, and similar.
- I understand that all of my garbage and recyclables must be in a receptacle and that loose items will not be collected.

Resident Signature _____ Date _____

PHYSICIAN VERIFICATION

Physician Name _____

Business Address _____

Phone Number _____ E-Mail _____

By signing below, I verify that this patient meets the following criteria:

- This patient has a medical condition or physical restriction and is not capable of bringing his/her trash and recycling receptacle(s) to the curb for collection.
- This patient does not live with someone who is physically capable of bringing the trash and recycling receptacle(s) to the curb.

Is this a temporary condition or restriction? If so, please indicate how long the exemption should be in place. Otherwise, it will be provided for 12 months from the date of approval. _____

Physician Signature _____ Date _____

Please return this completed form to:
Town of Southern Pines
Attn: Solid Waste Collection Exemption
801 SE Service Rd.
Southern Pines, NC 28387

910-692-1983

<https://bit.ly/tospwaste>

PW@southernpines.net

TOWN USE

Date Received _____ Denied

Reviewed By _____

Exemption Approved Through Date: _____