

CITY OF ROANOKE
SOLID WASTE MANAGEMENT
Application/Agreement for Physically Challenged Service
INITIAL APPLICATION

NAME: _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____

Physically Challenged Service is being requested for the following services:

- Weekly solid waste removal
 Bi-Weekly recyclables removal

Attached to this Application is a Physician's Certification form, stating that I am unable to transport all solid waste, including recyclables, from my residence at the above referenced address to the public street or public alley as required by Chapter 14.1, Solid Waste Management, of the Code of the City of Roanoke (1979), as amended ("City Code").

I further certify that any and all other persons residing at such address are also unable to transport all solid waste, including recyclables, to the public street or public alley as required by Chapter 14.1, Solid Waste Management, of the City Code, and upon the request of the City of Roanoke, any and all persons residing at such address may also be required to submit a Physician's Certification form. I agree to notify the Solid Waste Management Division at 853-6423 if I vacate this residence, or if I become physically able to, or reside with a person who is physically able to, transport to the public street or alley as required by Chapter 14.1, Solid Waste Management, of the City Code, all solid waste, including recyclables, generated by those persons residing at such address. I understand that I will need to re-apply for Physically Challenged Service within twelve (12) months from the date of approval of my application by the City Manager if I am interested in receiving uninterrupted service.

The undersigned acknowledges that collection by the City involves the exposure of the undersigned's property or property located on the undersigned's real estate, such property including, but not limited to, driveway and shoulder asphalt, vegetation, automobiles, low hanging wires, posts, structures, overhangs and animals, to the operation of large solid waste and recycling collection trucks which are difficult to operate and maneuver, and the handling of large solid waste and recycling containers. Accordingly, the undersigned, on behalf of himself or herself, agrees to indemnify and defend the City, and any of its employees or officers, from and against any and all claims, whenever brought and for whatever amount, for damage to property arising out of, or in any way related to, the City's performing pursuant to this Agreement or acting upon the permission granted under this Agreement.

Applicant's Signature

Date

Supervisor's Approval

City Manager's Approval

Return To:
SWM attn: James Hurt
1802 Courtland Rd., NE
Roanoke, VA 24012
Or Fax 540-510-4360

For Office Use Only:
ROUTE: _____
DAY: _____

August 2016