



SPECIAL COLLECTION SERVICE REQUEST FORM
Part A. Resident's Statement

Name on City of Lexington Utility Account: _____

Name of person in household needing special collection: _____

Address: _____

Is there any other person in the house physically able to take rollout to the street? Yes No
Are there any friends, neighbors, or relatives available that could take rollout to the street? Yes No

Please state (in your own words) why you need special collection service to transport the rollout to and from the curb at your residence: _____

The path to the street curb from my house is: _____ Level _____ Slight Hill _____ Steep Hill

The distance from my house to the street is _____ feet.

Please note: All garbage and trash must be bagged and in the provided rollout.

If you willfully misrepresent information on this form, the City of Lexington Public Services – Recycling & Waste Collection Department has the authority at any time to terminate such services upon a reasonable bases stated in writing to you. Upon termination of the service, you must immediately start taking you rollout to and from the curb.

This verification is valid until such time as a re-verification may be required by the City of Lexington Public Services-Recycling & Waste Collection Department.

Resident's signature: _____ Phone #: _____ Date: _____

Part B: Physician's Statement
(To be completed by resident's physician)

After review of Part A, it is determined, the applicant is physically unable to take the rollout to the curb for collection:

The resident's physical inability is: Permanent _____ / Temporary _____ Anticipated end date _____

Physician's Name: _____

Physician's Signature: _____

Physician's Address: _____

Physician's Phone #: _____

For Internal Use Only: COL Account # _____ Location # _____