

## **Application Instructions Residential Disabled Carry-out Service**

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Dear Residential Collection Customer:

Denton County Fresh Water Supply District 1-A's solid waste franchise agreement permits "carry-out" service, at the normal residential rate, for residents who are temporarily or permanently disabled and unable to take their trash and/or recycling to the curb or alley for collection.

In order to be eligible for this service, the following criteria must be met:

1. No one else living in the household or employed by the resident is capable of carrying the trash and/or recycling to the curb or alley;
2. A physician must certify that the resident's disability is of a nature that it prevents the resident from carrying the trash and/or recycling to the curb or alley; and
3. Unless the disability is of a permanent nature, applications for carry-out service must be resubmitted annually from the date of the original application until the disability no longer exists. Failure to do so will result in discontinuance of residential disabled carry-out service.

The following steps should be taken when completing the Residential Disabled Carry-out Service Application form:

1. Complete the application and sign the Disability and Household Occupancy Verification;
2. Forward the form to your Physician (or Optometrist if person is legally blind);
3. The Physician (or Optometrist if person is legally blind) must complete the remainder of the form and sign the "Physician's Disability Statement"; and
4. Mail the completed application form to:

**DENTON COUNTY FRESH WATER SUPPLY DISTRICT 1-A**

**2540 KING ARTHUR BLVD, SUITE 220**

**LEWISVILLE, TEXAS, 75056**

Upon receipt of the completed Residential Disabled Carry-out Service application from your Physician or Optometrist, all information will be verified for accuracy. If you have any questions, please do not hesitate to contact our staff at 972-899-4000.

## Residential Disabled Carry-out Service Application

To be completed by Applicant:

Applicant Water Account Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

Applicant Name (please print): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Lewisville, Texas 75056

Where is your trash and/or recycling currently collected?:  Alley  Front Curb

Location of your driveway?:  Front Entry  Rear Entry

### DISABILITY AND HOUSEHOLD OCCUPANCY VERIFICATION

**I, the undersigned applicant, certify that I am (select one)  temporarily  permanently disabled and unable to carry my residential trash and/or recycling to the curb or alley. I also certify that there is no one in my household or employ who is able to carry my trash and/or recycling to the curb or alley collection location.**

**I understand that if my disability is temporary, it is my responsibility to resubmit this application form annually, from this date, for continuance of residential disabled carry-out service.**

**Further, I authorize my Physician or Optometrist to release any information necessary to verify my disability.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

To be completed by Licensed Physician (or Optometrist if person is legally blind):

Physician or Optometrist Name (please print): \_\_\_\_\_

Professional License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### PHYSICIAN'S DISABILITY STATEMENT

**I, the undersigned licensed physician (or optometrist), hereby certify that the above named applicant for Residential Disabled Carry-out Service is currently "disabled", as described below, and unable to carry his/her trash and/or recycling to the curb or alley.**

**Nature of Disability:** \_\_\_\_\_

**I further certify that such disability is of a:**

**Temporary nature. The expected length of disability is from: \_\_\_\_\_ to \_\_\_\_\_**

**Permanent nature continuing for the applicant's lifetime**

Certifying Physician or Optometrist Signature \_\_\_\_\_

Date \_\_\_\_\_