



CITY OF FLORENCE, ALABAMA

Solid Waste and Recycling Department

MEDICAL EXEMPTION FORM FOR GARBAGE PICKUP RESIDENTS REQUEST

I request, due to health reasons that my garbage be picked up at my house. I affirm that no one in my household is capable of carrying my garbage to the curbside. In making this request, I agree that this exemption will become void if anyone that is capable of carrying the garbage cart to the curbside resides at this address and that City employees will not enter any part of a residence to remove garbage (this includes fenced areas, garages, etc.).

Address: _____

Date: _____ Resident Signature _____

PHYSICIANS STATEMENT

Mr./Mrs./Ms. _____ is a patient of mine. Due to medical problems, the above-named patient is unable physically to roll a garbage cart to the curbside.

(Physician signature)

Date

Name of Practice _____

Address _____

Office phone number _____