

Dear Resident:

Thank you for contacting us in regards to exemption service. This service is provided to residents who are medically disabled or physically unable to dispose of their refuse and do not have family or neighbors who can assist.

To apply, **complete** the enclosed Exemption Service Questionnaire and sign the consent to release information on the enclosed Medical Documentation Form. Your physician **must** complete the bottom portion of the medical form. This information remains confidential and is used only in determining your eligibility for exemption. **Return both forms** to the Division of Refuse Collection in the pre-addressed return envelope. You will be notified of our decision in writing, within fifteen (15) working days after receipt and review of these forms.

Sincerely,



Michael Pickard  
Operations Manager  
Division of Refuse Collection

MAP: mab

Enclosure: 1



**MEDICAL DOCUMENTATION FOR EXEMPTION SERVICE**

The Division of Refuse Collection provides a special service to residents who are disabled or physically unable to place their refuse at the designated point of collection. Your patient has requested this service.

Many residents inform us they are physically unable to lift or carry a refuse container or bag to the curb or alley line, or they are unable to use the 300- or 90-gallon container placed in their area. In addition, they do not have any available relative, friend or neighbor who can perform this task for them. While we are happy to provide this service, we must limit its availability to those whose mobility is medically and physically impaired.

We request that medical documentation be provided to verify the need of each resident who receives exemption service. Please fill out the lower portion of this letter on behalf of your patient who has applied to receive this service. Your cooperation in this matter is greatly appreciated.

Sincerely,



Michael Pickard  
Operations Manager  
Division of Refuse Collection

Mail to:  
Division of Refuse Collection  
Exemption Service  
2100 Alum Creek Drive  
Columbus, OH 43207

I hereby give consent to my physician to release information to the Division of Refuse Collection about my condition.

Resident's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip Code (only): \_\_\_\_\_

\_\_\_\_\_ Resident's Signature

**Doctor's Certification for Exemption Service**

I hereby certify that \_\_\_\_\_ is under my care **for the treatment of**

\_\_\_\_\_

\_\_\_\_\_ which impairs mobility and physically restricts the patient from placing their refuse at the designated point of collection.

\_\_\_\_\_ Print Physician's Name or Add Stamp      \_\_\_\_\_ Physician's Signature      \_\_\_\_\_ Date



DIVISION OF REFUSE COLLECTION  
**EXEMPTION SERVICE QUESTIONNAIRE**  
(To be completed by the resident. Please answer all questions)

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_ NEAREST CROSS STREET: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BEST TIME OF DAY TO CALL: \_\_\_\_\_

AGE: \_\_\_\_\_ NUMBER LIVING IN HOUSEHOLD: \_\_\_\_\_

LIST ALL AGES OF ADDITIONAL PERSON(S) LIVING IN HOUSEHOLD: \_\_\_\_\_

TYPE OF SERVICE BEING REQUESTED: REFUSE \_\_\_\_\_ REFUSE & RECYCLING \_\_\_\_\_

TYPE OF COLLECTION SERVICE USED IN YOUR AREA:

300-GALLON CONTAINERS (Alley Collection) \_\_\_\_\_

96-GALLON CONTAINERS \_\_\_\_\_

WHO ROUTINELY PLACES YOUR REFUSE OUT FOR COLLECTION NOW?

\_\_\_\_\_

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE FOR A CHRONIC ILLNESS  
WHICH IMPAIRS MOBILITY? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU NEED THE ASSISTANCE OF AN AID IN YOUR MOBILITY? IF YES,  
WHAT TYPE: WHEELCHAIR \_\_\_\_\_ WALKER \_\_\_\_\_ CANE \_\_\_\_\_

DO YOU HAVE A FRIEND, NEIGHBOR, OR RELATIVE WHO IS WILLING TO PLACE YOUR  
REFUSE AT THE DESIGNATED POINT OF COLLECTION? YES \_\_\_\_\_ NO \_\_\_\_\_

REASON FOR REQUESTING EXEMPTION SERVICE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**PLEASE ATTACH THE MEDICAL CERTIFICATION FORM** and return to:

Division of Refuse Collection  
Exemption Service  
2100 Alum Creek Drive  
Columbus, OH 43207