



WM Application for Physical Disability/Medical Need Carry-Out Collection Service

- To be considered for "backdoor" carry-out collection service, requester must provide all information and form must be signed by requester and a licensed healthcare provider qualified to determine a disability.

Applicant's name _____

Address _____

Phone # _____

Applicant's signature** _____

**By signing this form, I, the applicant, attest that I am physically incapable of moving carts or cans to the curb, and that no able-bodied person over the age of 15 or under the age of 65 resides in the household. If lawn and landscaping at the above-named residence is maintained by a contractor, the contractor removes and properly disposes of the generated debris.

Physician's comment concerning the need for "Carry-Out Collection"

Healthcare Provider Name _____

Healthcare Provider Signature** _____

Address _____

Phone # _____

**By signing this form, healthcare provider certifies that the applicant holds a disability rendering applicant incapable of moving carts or cans to the curb or maintaining residence's lawn/landscaping.

Please fax or mail this form to Waste Management upon completion.

Fax : (321) 984-8170; Address : 7382 Talona Drive, West Melbourne, FL 32904