SPECIAL ASSISTANCE APPLICATION FORM

The Town of Lauderdale-By-The-Sea (LBTS) provides special assistance with garbage and recycling collection to customers meeting the following criteria:

- Inability to lift or move heavy objects
- Inability to move about without a helping device such as a wheelchair or a cane

There must be no other residents in the home physically able to move the cart(s) to the curb for collection. Please complete the information below. A licensed physician authorized to practice in the State of Florida must certify this form.

SECTION I

Applicant's Name:_____

Applicant's Address:_____

Telephone #:_____ Alternate Telephone #:_____

APPLICANT'S CERTIFICATION

I certify that there are no residents in my household reasonably capable of moving a garbage cart or a recycling cart. I give consent to have my eligibility verified at the request of the Town of Lauderdale-By-The-Sea. I will notify LBTS of any changes in my physical condition or to my household. I give my consent to LBTS representative or contractor to enter upon my property to provide me with garbage and recycling services if this request is approved. I declare that all information on this application is true, correct and complete. I understand the submission of false information will result in the denial or revocation of the special assistance waste collection service provided to me.

_____

Applicant's Signature and Date

SECTION II

PHYSICIAN'S CERTIFICATION

I, the undersigned, hereby certify that I am a licensed medical doctor authorized to practice medicine in the State of Florida. I further certify that my patient named above has physical conditions which prevents and/or significantly inhibits him/her from moving the garbage cart and the recycling cart to the curb for collection.

Please check one:

☐ This is a temporary condition (less than 6 months) ☐ This is a long-term condition (more than 6 months)

Physician's Name:_____ Telephone:_____

Physician's Address:_____

Fax:_____ E-Mail:_____

_____

Physician's Signature and Date

Please mail the completed Special Assistance Application Form to: Town of Lauderdale-By-The-Sea, 4501 Ocean Drive, Lauderdale-By-The-Sea, FL 33308, Attention: Assistant Town Manager

Eligibility Verified	Date:	Initial:
Request Granted	Date:	Initial:
Request Denied	Date:	Initial:
Request sent to Waste Services of Florida	Date:	Initial: