WORLD WIDE DISPOSAL SERVICE

Disposal You Can Afford

Solid Waste/Recycling Collection

Exemption Service Questionnaire

(To be completed by the resident)

Name: ____
Current Address ________________________________ Zip: __________________
Phone Number: _____________________ Best Time of Day to Call: _______________

Age: _________

Number Living in household: _____

Ages of Additional Person(s) Living in Household: ______________________________

Who routinely places your solid waste /recycling out for collection now? _______________

____

Are you currently under a physician's care for a chronic illness that impairs mobility? YES _____ NO _____

Do you need the assistance of an aid in your mobility?
If yes, what type: Wheelchair _____ Walker _____ Cane _____ NO______

Do you have a friend, neighbor or relative who is willing to place your solid waste/recycling at the designated point of collection? YES _____ NO _____

Reason for Requesting Exemption Service: ___________________________________
____
____

TODAY'S DATE: ______________
PLEASE ATTACH THE MEDICAL CERTIFICATION FORM and send both forms to:

World Wide Disposal Service.
P.O.BOX 1323 Fairburn GA. 30213

THANK YOU!

12/2019

World Wide Disposal Service

Disposal You Can Afford

MEDICAL DOCUMENTATION FOR EXEMPTION SERVICE

World Wide Disposal Services has received a request from a resident who is applying for exemption service. This is a special service provided to residents who are disabled or physically unable due to aging to place their solid waste at the designated point of collection.

Many residents are physically unable to move their solid waste containers to the curb line for collections. In addition, they do not have any available relative, friend or neighbor who can perform this task for them. While we are pleased to provide this service, we must limit its availability to those whose mobility is medically and/or 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 is to be considered for receiving this service. Your cooperation is this matter is greatly appreciated.

I hereby give consent to my physician to release information to World Wide Disposal Services about my condition.

Resident's Name: ____
Resident's Signature: ____
Address: ____
Zip Code: ________________________________

Doctor's Certification for Exemption Service

I hereby certify that ________________________________is under my care for treatment which impairs mobility and physically restricts the patient from placing their solid waste container at the designated location for curbside collection.

______________________________ __________________________________

Physician's Name Physician's Signature Date

_______________________________________ __________________________________

12/2019