

## **Sanitation Service for Disabled Residents - Initial Application**

Dear Resident:

Attached is an application for sanitation collection service for disabled DeKalb County residents, as specified in the DeKalb County Sanitation Ordinance. Upon completion, the original application must be mailed or delivered in person to the Sanitation Division's administrative office. To qualify for this service, the following requirements must be met:

1. Applicants must be full-time residents at the approved address; disabled to the extent, with doctor's certification, that he/she is incapable of moving county-provided garbage or recycling containers to the curb; with no other able-bodied individual residing at the address. Residents with a permanent disability can obtain an annual waiver of the doctor's disability certification, if proof of permanent disability is filed with the Division's administrative office. Such residents will still be required to submit an annual self-certification form and confirm active residency at the approved service address. The applicant's inability to confirm annual residency at the approved address will result in the discontinuation of this service.
2. This service applies only to household garbage and single-stream recyclable materials collection. Only one county-provided garbage roll cart, and one county-provided recycling roll cart qualify for this service. No excess garbage contained in plastic bags qualifies for this service.
3. Yard trimmings, leaves, pine straw, etc., do not qualify for this service. If placed at the curb for collection, these items must be containerized (containers up to 40 gallons). Further, logs or tree limbs for collection must be cut four (4) feet in length, must not exceed 25 lbs., and must be neatly stacked at the curb.
4. Containers must be readily accessible, outside garages, carports or fenced areas.
5. This Division, through a specially authorized prepaid service, collects building materials, stumps, dirt, rocks, concrete products, excess/overflow bags of garbage, and large volumes of improperly prepared yard trimmings. A special collections assessment can be requested for the aforementioned items, and applicable collection fees will be provided on a completed special assessment form. All fees must be prepaid prior to the collection of items at the curb.
6. This application must be renewed annually, 30 days prior to the anniversary date. Failure to do so will result in this service being discontinued the date the agreement ends. Residents with permanent disability status are exempt from the annual doctor's certification requirement.

For more information, please email at [CBanks@dekalbcountyga.gov](mailto:CBanks@dekalbcountyga.gov) or call 404-294-2227. We look forward to serving you.

## Initial Application for Sanitation Service for Disabled Residents

### Applicant Information

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Residential address \_\_\_\_\_  Rent  Own

Garbage roll cart location  Next to garage/carport  Side of house  Other \_\_\_\_\_

### Verification of special need and household occupancy – to be completed by applicant

I hereby apply for exemption from the part of DeKalb County Sanitation Ordinance requiring garbage and recycling receptacles are placed at the curb for collection; and in support of this application, I submit the following affidavit:

I, the undersigned claimant, do solemnly swear that I am a full-time resident at the above address; am disabled to the extent that I am incapable of moving my garbage or recycling container to the curb; and no able-bodied individual resides at the address above. I understand that the application for this service must be submitted on an annual basis, or my participation in the program will be discontinued.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

### Notary (signature and stamp)

Signature \_\_\_\_\_ 20 \_\_\_\_\_

### Disability statement – to be completed by a licensed physician

*(Waived for residents with proof of permanent disability; annual self-certification form required)*

I, a licensed physician, hereby certify that \_\_\_\_\_ is currently a disabled resident as described below, and unable to move his/her garbage or single-stream recycling container(s) to the curb.

Briefly describe the functional limitation(s) that preclude(s) placement of the container(s) at the curb:

I further certify that such disability is of a:

Temporary nature (length of disability is from \_\_\_\_\_ to \_\_\_\_\_)  Permanent nature

Name of physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Professional license number \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_