bvr WASTE AND RECYCLING
—a big company

City of **BRENHAM**

CURBSIDE COLLECTION ASSISTANCE APPLICATION

Curbside Customer Information (please print):

Name: _____ Account No. _____

Address: _____

Telephone Number: _____ Email: _____

Read the following statements carefully and check the box beside the statement you agree with:

I request assistance with my curbside collection because I am unable to bring my garbage and recycling containers to the curb, and there is no able-bodied person residing with me who could move the containers. My reason for needing assistance is (check one):

☐ **I have a temporary physical disability until** _____ .
- I understand that after this date, I will be removed from the assistance list.
- I understand that curbside assistance is for recycling and garbage collection only, not yard waste, and the carts must be easily accessible and not enclosed in a fence.
- I understand that this service is not available during extreme weather events, such as when the National Weather Service issues a severe weather or tornado alert, other acts of God which prohibits the safe collection of these items.

☐ **I have a permanent physical disability**.
- I understand that curbside assistance is for recycling and garbage collection only, not yard waste, and the carts must be easily accessible and not enclosed in a fence.
- I understand that this service is not available during extreme weather events, such as when the National Weather Service issues a severe weather or tornado alert, other acts of God which prohibits the safe collection of these items.
- I understand that this service will need to be updated biennially.
- I understand that this service may be revoked at any time by BVR Waste and Recycling f I no longer qualify for assistance. This determination may be made based on observations by collection employees.

☐ **In addition to the above, I request the reduced size garbage container.** (The rate will remain the same as the 96-gallon cart).

☐ **I request to opt-out of the Recycling Program.** (This will NOT reduce my monthly sanitation fee)**.**

Citizen Signature: _____ Date: _____

PHYSICIAN'S STATEMENT

For medical reason(s), the above individual is unable to and should not move the garbage cart and recycling cart to the curb each week. I have checked the correct status—either permanent or temporary. If temporary, I have indicated how long the customer will need curbside assistance service.

☐ Permanent
☐ Temporary until (date) _____

Physician/M.D. Name: _____

Name of Practice: _____

Practice Address: _____

Telephone Number: _____ Email: _____

Physician/M.D. Signature: _____ Date: _____