



REQUEST FOR EXEMPTION FROM USE OF CARTS FOR GARBAGE AND RECYCLING COLLECTION

This application is a request for exemption from the Village of Bayside's requirement to use 96-gallon wheeled carts for the collection of household garbage and recycling items. This exemption may be requested by a licensed physician on behalf of a patient for whom the use of the 96-gallon wheeled garbage and recycling carts would present an unnecessary hardship or are impractical by reason of physical condition or medical problem. If the request is granted, the Village will notify the applicant in writing that the garbage and recycling may continue to be placed up-the-drive, in acceptable containers, as is the current practice.

Please allow a minimum of five business days for processing this exemption request.

Office Use Only Date Request Form Received:		PLEASE PRINT OR TYPE				
PART A: TO BE COMPLETED BY APPLICANT						
Last Name:		First:	Middle:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Are you able to wheel your carts to the curb for collection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the legal property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is the property owner's name?		Property Owner Contact Phone: ()		
Street Address:			Home Phone Number: ()		Mobile Phone Number: ()	
Mailing Address:		City:	State:		ZIP Code:	
I, the undersigned applicant, certify that I am <input type="checkbox"/> permanently <input type="checkbox"/> temporarily disabled and unable to wheel my garbage and recycling carts to the curb for collection. I also certify that there is no one in my household, in my employ, or providing in home assistance to me from a third party that is able to get my carts to the curb. I authorize my physician to release any information necessary to verify my disability.						
Applicant's Signature			Date			

PART B: TO BE COMPLETED BY PHYSICIAN					
Physician's Name:		Physician Type:		License Number:	
Physician's Address:		City:	State:		Zip Code:
Telephone Number: ()	Fax Number: ()		Email:		
Note to Physician: Please review the description, size and weight attributes of the 96-gallon wheeled household garbage and recycling collection carts on page 2 of this application form prior to signing. By completing and signing this form you are indicating that it is harmful or impractical for the patient (applicant) named above to use these specifically required 96-gallon wheeled carts for the collection of garbage and recycling due to his or her physical condition or medical problem.					
Is the applicant your patient?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Physician statement and request for patient exemption from use of wheeled garbage and recycling collection carts. Describe how the use of the wheeled household garbage and collection carts would be harmful or impractical for your patient to use. Include the specific reason you believe the exemption to be justified. Please print clearly or type.					
For the reason stated above, the patient should be exempt from the use of: <input type="checkbox"/> 96-gallon wheeled household garbage and recycling collection carts <input type="checkbox"/> Any size wheeled household garbage and recycling collection carts <input type="checkbox"/> Other				This exemption should be: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary until _____	

I certify by my signature that I am a physician licensed to practice medicine in Wisconsin, and that in my judgment the patient named above should be exempted from use of the wheeled household garbage and recycling collection carts as described in this request.

Physician's Signature	Date
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Bayside
automated
trash
collection
begins May
3, 2010

In order to assist persons with disabilities who do not have anyone to help them with their chores, the Village will exempt such persons from the required use of the 96-gallon wheeled household garbage and recycling carts by allowing the current method of collection (up-the-drive).

Qualified residents must:

1. Be unable to wheel their cart to the curb for collection.
2. Have no one else who can assist them, such as a spouse or other live-in family member or a personal assistant.
3. Be certified by a physician as needing assistance.
4. Fill out and return the required request for exemption form.

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96-gallon cart

Send completed requests to:

**Village of Bayside
9075 Regent Road
Bayside, WI 53217
(414) 351- 8811
(414) 351-8819 - FAX**

For assistance with this request contact Village Hall at 351-8811, or email info@bayside-wi.gov. More garbage and recycling information is available on the Village's website at www.bayside-wi.gov.