



**CITY OF HUNTSVILLE
SOLID WASTE SERVICES DEPARTMENT
APPLICATION FOR ROLL OUT ASSISTANCE**

Rollout assistance is restricted to residential service locations (NON-COMMERCIAL) and provided to physically challenged citizens who are sole residents at the address where service is requested, unless all other residents at the service address have disabilities which prevent them from placing the garbage cart at the curb or street's edge for their collection days.

Name of Applicant: _____

Service Address: _____

Phone Number: _____

APPLICANT'S CERTIFICATION:

I, the undersigned, certify that I am physically unable to place the garbage cart at the curb for collection. Further, there are no other residents at the above service address who are physically capable of placing the garbage cart at the curb for collection. By my signature(s), I also give approval for solid waste personnel to enter the above-referenced property for the purpose of collecting solid waste and hereby waive any claim against the City of Huntsville for any damages in connection with solid waste personnel entering this property for the above-stated purpose.

Signature of Applicant: _____

Signature of Other Resident(s): _____

PHYSICIAN CERTIFICATION: Must be completed by a licensed physician.

I, a licensed physician, hereby certify that _____
is physically disabled, such that he/she is unable to place his/her garbage cart at the curb or street's edge for collection.

Signature of Physician: _____

PHYSICIAN NAME: _____

MEDICAL OFFICE NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

*ATTACH BUSINESS CARD TO FORM.

**MAIL FORM TO:
SOLID WASTE SERVICES DEPARTMENT
448 STATE HWY 75 NORTH
HUNTSVILLE, TEXAS 77320
936-294-5743 or 936-294-5724**

For Office Use Only

Date Received: _____ Received By: _____

Acceptance or Denial

Service Denied On: _____ Reason: _____

Service Accepted On: _____ Date Service Will Start: _____