



# Disabled Customer Service Request



DEFINITION OF DISABLED: A disabled residential customer is an individual who is unable to carry the garbage, recycling, or yard waste carts to the curb because of a permanent, extended, or temporary health condition. The disabled customer must live in a residence which has no other person living there that can take the carts to the curb.

(Please type in boxes provided. When complete click on "Print Form" button and mail or fax to Waste Management)

Date:  Applicant Name:

Street Address:  - Stanwood, WA ZIP Code:

Daytime Phone:  Email Address:

Other persons, if any, living at residence:

Applicant Signature: \_\_\_\_\_

## DISABILITY VERIFICATION SECTION

**PLACARD VERIFICATION:** Verification of disabled status will be established by providing a copy of the handicapped parking placard or by a medical verification using this form. Verification must be provided either by the applicant's physician or by a medical or social services person who verified this condition with the applicant's physician.

Washington State Department of Licensing Disabled Parking Placard Number

(A copy of sticker must be included with this form when sent to Waste Management)

**Note:** Only fill in information below if applicant does not have a Washington State Dept. of Licensing Disabled Parking Placard

**MEDICAL VERIFICATION:** I verify that the above named applicant has a permanent, lengthy, or temporary medical condition that would prohibit him/her from taking the garbage, recycling, or yard waste carts to the curb.

Name and position of person filling out this form:

Representing:  (physician or medical or social service person)

Permanent Disability?  Yes  No If not permanent, expected period of disability:

Signature: \_\_\_\_\_ Daytime Phone:

APPLICANT PLEASE PRINT AND SIGN THE FORM AND MAIL OR FAX TO:

Waste Management  
2625 W. Grandview Rd. Ste #150  
Phoenix, AZ 85023  
Fax Number: (866) 927-3635