



Door Side Assistance Form

The City of Arlington’s Health and Sanitation Chapter Section 2.04 states the following: *Door side collection of waste and recycling may be provided to residents, living in a single-family home, who are mobility or visually impaired. To qualify for this service the resident must provide a doctor’s note or permanent handicap placard; and shall have no other member of the household that is physically able to place carts at the curb. Qualifying residents may place their carts in a location designated by the City or its Collector.*

Name:	Phone Number:
Address:	Email Address:

Please complete **either** the Doctor’s Certification **OR** the Applicant’s Certification below.

<u>Doctor’s Certification</u>	<u>Applicant’s Certification</u>
I, the undersigned, hereby certify that I am a medical doctor licensed to practice medicine in the State of Texas. I further certify that my patient, named below, has an ongoing disability that prevents him/her from moving the recycling cart to the curb for collection.	I am physically unable to move my household trash and/or recycling to the curb for collection. I further verify that there is no able-bodied person living at my residence that can move my trash/recycling to the curb for collection.
Doctor’s Name: Doctor’s License Number:	<input type="checkbox"/> Attached is a copy/photo of my permanent handicap placard.
Business Address and Phone Number:	Applicant’s Signature and Date:
Patient’s Name:	
Doctor’s Signature and Date:	
<input type="checkbox"/> I understand that it is my responsibility to resubmit this form annually from this date for continued assistance.	

After completing this form, take a photo of it and then upload it along with a photo of a doctor’s note OR photo of a handicap vehicle parking placard to “Request Door Side Collection Service” at [ArlingtonTX.gov/AskArlington](https://www.ArlingtonTX.gov/AskArlington)