

CITY OF DUBUQUE – TRASH CART EXEMPTION FORM

APPLICANT INFORMATION

Name: _____ Address: _____

Phone Number: _____ Email: _____

REASON FOR EXEMPTION

_____ Physical Unable to Wheel Cart to Street [Healthcare Provider Signature Required or Other Proof of Disability]

_____ Terrain Prohibits the use of Wheeled Cart [Resource Management Supervisor Approval Required]

TERMS OF SERVICE

- Applicants must live at a residential property; services are not extended to businesses.
- The applicant is the homeowner or resident at the address listed above.
- The applicant is physically unable to push a minimum of a 35-gallon trash cart and does not have anyone else in the home to assist in hauling the trash to the curb/alley line OR the applicant lives at a location where the terrain prohibits to use of a wheeled trash cart.
- Applicants can put out one bag of trash weekly, up to 35 gallons in volume and 40 lbs. of weight at their normal set-out location. To be serviced, all trash must be bagged.
- Applicants will be contacted every fiscal year to reverify the cart exemption to ensure the service is still needed as the applicant may move, no longer need the service, or acquire a housemate at the residence who is able to pull the cart to the street for service.

HEALTHCARE PROVIDER STATEMENT

The applicant has a medical condition inhibiting or precluding the applicant's ability to move a trash cart curbside weekly. The applicant's status as listed above has been verified.

Healthcare Provider Name: _____ Healthcare Provider Signature: _____

Date: _____ Other Proof of Disability Attached: _____

TERRAIN STATEMENT

The applicant lives at a location that prohibits the use of a wheeled cart (steep stairs, limited set-out locations, no storage location beyond the right-of-way, steep hill, etc.) approved by the Resource Management Supervisor.

Resource Management Supervisor: _____ Date: _____