

APPLICATION FOR SPECIAL SANITATION COLLECTION SERVICE FOR DISABLED PERSONS

THE CITY OF CAMDEN PROVIDES THAT CERTAIN DISABLED PERSONS MEETING UNIFORM REQUIREMENTS SPECIFIED BY THE MAYOR'S OFFICE WILL BE PROVIDED HOUSE TO CURB COLLECTION SERVICES.

I, _____, do hereby state that:
(Applicant Name – Please Print)

- (1) I am physically disabled to the extent that I am substantially impaired from being able to transport household trash and recyclables from my residence to the designated place for collection at the curb, street, or alley way.
(2) There is no one residing in my residence over the age of twelve (12) years able to transport such waste from my residence to the designated place for collection at the curb, street, or alley way.

I have read and understand each and every part of this statement, and that it is true and correct. I make this statement with full knowledge that this acknowledged statement constitutes an affidavit and is governed by the laws of the State of Arkansas relating to sworn instruments.

Applicant Residence Address

Applicant Signature

Water/Utilities Account #

Date

(Location where materials will be placed for collection.)

NOTE: Please provide and attach the requested documentation to complete this process.