- WASTE MANAGEMENT -
VERIFICATION OF NEED FOR HANDICAP SERVICE

In order to qualify for handicap service, all customer information must be completed AND your Doctor must sign this form stating **no person(s)** in the household/residence are capable of rolling the trash collection cart to the curb.

***** All fields below must be completely filled in order to process request. *****

DATE: _____ **Primary phone#:** (____)_____ **Alt Phone# or Email:** _____

WM Account #: _____---_____

Customer Name: _____

Customer Service Address: _____

_____

Please list Name(s) of EVERYONE residing at above address (including Customer):

_____

** I attest, all residing in household are not physically capable of rolling the trash cart curbside for pickup.*

_____

***Customer Signature**

I, _____attest, that the below listed has been a patient(s) of mine since _____ . As a result of the patient(s) condition, they are not physically able to wheel the garbage container to the curb*.

Patient(s): _____

This condition is → PERMANENT _____ ***Temporary (end date)*** _____

_____ _____

*** Doctor's Signature** Doctor's Printed Name

_____ _____

Doctor's Address Telephone Number

→→→→ →→ REQUEST is valid for current CALENDAR year ONLY ←←←←←←

New request MUST be completed & submitted yearly in January in order to remain eligible for this service.

***FAX to: 877-739-0407 -or- MAIL to*:**
Waste Management – attn: CSR/Processing
2625 W Grandview – Suite 160
Phoenix, AZ 85023

Revised 2/10