

**Town of Cary  
Public Works Department  
Curbside Collection Assistance Application**

Mail completed form to:  
Town of Cary Public Works Department, Attn: Data Entry, PO Box 8005, Cary, NC 27512-8005  
or fax to (919) 469-4304.

**Curbside Customer Information (please print):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Read the following statement carefully, and check the box beside it if you agree.**

I request assistance with my curbside collection because I am unable to bring my garbage and recycling containers to the curb, and there is no able-bodied person residing with me who could move the containers.

**My reason for needing assistance is (check one):**

- I have a temporary physical disability until \_\_\_\_\_
- I understand that after this date, I will be removed from the assistance list.
  - I understand that curbside assistance is for recycling and garbage collection only, not yard waste, and the carts must be easily accessible and not enclosed in a fence.
  - I understand that this service is not available during inclement weather. Residents should bring their carts/bins to the curbside.
- I have a permanent physical disability.
- I understand that curbside assistance is for recycling and garbage collection only, not yard waste, and the carts must be easily accessible and not enclosed in a fence.
  - I understand that this service is not available during inclement weather. Residents should bring their carts/bins to the curbside.
  - I understand that this service will need to be updated biennially.
  - I understand that this service may be revoked at any time by the Public Works Department if I no longer qualify for assistance. This determination may be made based on observations by Solid Waste Division employees.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Statement:**

For medical reason(s), the above individual is unable to and should not move the garbage cart and recycling cart to the curb each week. I have checked the correct status—either permanent or temporary. If temporary, I have indicated how long the customer will need curbside assistance service.

Permanent  Temporary until (date) \_\_\_\_\_

Physician/M.D. Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Physician/M.D. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PUBLIC WORKS USE ONLY**

Date Received: \_\_\_\_\_ Date Customer Contacted: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Approved  Not Approved for reason: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_