



Dear Sir or Madam:

Thank you for your interest in refuse carry out service for disabled head of households.

Please sign and complete the disability certification section below. Please have your doctor sign this form where it states "Doctor's Statement."

DISABILITY CERTIFICATION

I certify that I am head of the household, am physically unable to comply with the provisions of the ordinance. I am the payer of the utility account at the residence for which I am requesting an exemption. I further certify that there is no one at the below listed address who is physically capable of disposing refuse into the polycart and pushing the cart to the curb for pickup.

I further certify that the written documentation of the disability provided to the Utility Services Manager of the City of Enid is true and correct.

Name: _____ Account #: _____

Address: _____ Date: _____

Signature: _____ Tel #: _____

Location of polycart: _____

DOCTOR'S STATEMENT

Mr./Mrs. _____ is a patient of mine and is not physically capable of complying with the refuse ordinance of the City of Enid.

Doctor's Signature: _____ Printed name of Doctor: _____

Date: _____

Exemption approved: Yes _____ No _____

Utility Services Manager Signature: _____

City of Enid P.O. Box 1768
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