



County of Sacramento

Dear Customer,

You have requested a Disability Exemption from the Premium Service Charge for at-house pick up of your garbage, mixed recycling and green waste containers. Applications for a Disability Exemption shall comply with the following standards, terms, and conditions:

- The applicant must be the principal occupant.
- The applicant must be disabled, precluding them from moving wheeled containers to the curbside for service due to physical impairment that is permanent or temporary.
- The applicant shall certify that no other person residing with them is physically able to move wheeled containers to the curbside for service.
- The applicant shall provide a doctor's statement verifying a medical condition that precludes them from moving wheeled containers to the curbside for service.
- The applicant can place wheeled containers no more than 125 feet from the street.

Proof of qualification for a Disability Exemption may be made by completing this application form and mailing or faxing it to:

County of Sacramento
Consolidated Utility Billing Section
9700 Goethe Road Suite C
Sacramento, CA 95827
Fax: 916-854-9292

You will receive written verification regarding your eligibility status. If you have questions regarding your qualification or eligibility status, you may call (916) 875-5555; TDD (hearing impaired) 916-875-7105.

Disability Exemption status is subject to periodic evaluation and may not be a permanent agreement (depending on doctor's certification). The County may require persons granted this service to provide subsequent verification of eligibility upon request. It is the responsibility of a disabled customer to notify the County of any change that would void the exemption status, such as:

- An able bodied person now resides that was not present at the time of the original request,
- Or, a physical condition has improved in an existing resident.

If Disability Exemption service is provided and the above conditions are not met, or the result of a field audit reveals that an able bodied person resides in the household, a premium service charge will be assessed and exemption status revoked.

Sincerely,

Doug Sloan, Chief Division of Solid Waste
Department of Waste Management & Recycling

(PLEASE COMPLETE BACK OF THIS FORM)

**COUNTY OF SACRAMENTO
DEPARTMENT OF WASTE MANAGEMENT & RECYCLING
DISABILITY EXEMPTION REQUEST FORM**

Account #: _____ Premise #: _____ APN #: _____
Name (Please Print): _____ Phone #: _____

Address & Zip Code: _____

I have read the County of Sacramento Disability Exemption standards, terms, and conditions above and understand exemption status may not be permanent, and that periodic evaluation may occur annually or at any other time deemed necessary by the County. Further:

- I am the principal occupant of this residence and am physically unable to move wheeled containers to the curbside for service.
- No other occupant at this residence is physically able to move wheeled containers to the curbside for service.
- I can place wheeled containers no more than 125 feet from the street
- I certify that my answers to these questions are true and correct.

Applicants Signature: _____ Date _____

PHYSICIAN STATEMENT

Name of Physician (Please Print) Medical License # Phone #

Mailing Address & Zip Code

- I certify the above named applicant is physically unable to move the wheeled containers in question to the curbside for service. (Please Check One)

____ Permanent Disability ____ Temporary Disability Date Temporary Disability will end _____

Physician Signature: _____ Date _____

FOR OFFICIAL USE ONLY:

Approved ____ Disapproved ____ Date _____

Name _____ Signature _____