



## DISABLED ON-PREMISE APPLICATION

Applicant's Name and Address	Mailing address if different from service address	<b>CITY USE ONLY</b> Account Number:  Case #:
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On-Premise service is provided for individuals who are unable to move their poly cart to the curb for collection. In order to qualify, there must be no other residents in the home physically able to move the cart to the curb for collection. This service is provided at no extra cost to eligible residents, and is only applicable to one single poly cart. Please complete the information below. A medical doctor licensed to practice in the State of Oklahoma must certify this form. Service must be renewed annually by January 1 of the calendar year per City Ordinance.

Daytime Telephone Number(s)	Where on your property is the cart located for pick-up?			
Owner or Care Provider Name & Address	Name of Townhome/Condominium Complex or Mobile Home Park			
Telephone Number	Telephone Number			
Number of people in the household				
Adults                      Children				

**DOCTOR'S CERTIFICATION** I, the undersigned, hereby certify that I am a medical doctor licensed to practice medicine in the State of Oklahoma. I further certify that my patient named below has an ongoing physical disability that prevents him/her from moving the poly cart to the curb for collection.

Patient's Name	Doctor's License Number	
Doctor's Signature	Date	Print Name
Business Address	Telephone Number	Fax Number

**APPLICANT'S CERTIFICATION**  
 I certify that there is no capable person living in the house to move the poly cart to the curb for collection. I authorize the changes to be made to my refuse service, and agree to have my eligibility verified at the request of the City of Bartlesville. I will notify the City of any changes in my physical condition or to my household members. Under penalty of perjury, I declare that all information on this application is true, correct and complete. I understand the submission of false documentation will result in the loss of disabled service.

Applicant's Signature				Print Name			Date
<b>ITY USE</b>	Approved date	Approved by	Denial date	Denied by	Delay Date	Delay by	Effective date