



TOWN OF FOUNTAIN HILLS

PUBLIC WORKS DEPARTMENT

16705 E. Avenue of the Fountains, Fountain Hills, AZ 85268
480.816.5100 | Fax: 480.837.3145

BACKDOOR COLLECTION SERVICES FOR RESIDENTIAL SOLID WASTE AND RECYCLABLE MATERIALS

APPLICATION FOR CITIZENS WITH DISABILITIES

On property service is restricted to physically challenged citizens who are sole residents at the address where service is requested, unless all other residents at the service address have disabilities which prevent them from placing waste items at the curb for collection.

TYPE OF SERVICE REQUESTED: Trash Collection Recycling

LENGTH OF SERVICE REQUESTED: Permanently Temporary (Provide Dates) _____

APPLICANT'S CERTIFICATION:

I, (print name) _____ residing at (property address) _____
_____ hereby attest that I am unable to deliver my own solid waste to the curbside. I understand that by signing below, I am authorizing solid waste personnel to enter the above-referenced property for the purpose of moving solid waste container to the curb and hereby waive any claim against the Town of Fountain Hills and Republic Services for any damages in connection with solid waste personnel entering this property for the above-stated purpose. I also certify that there is no individual twelve (12) years of age or older who resides in the residence who can deliver the solid waste to the curbside.

Signature of Applicant: _____

Signature of Other Resident(s): _____

Applicant's Email: _____ Applicant's Phone Number: _____

HEALTH CARE PROVIDER CERTIFICATION:

Is the applicant your patient? Yes No

I certify that Mr./Mrs./Ms. (please print) _____ has a disability which significantly limits his/her ability to move the trash can(s) to the curbside and back. By completing and signing this form I am indicating that the applicant is not capable of maneuvering 95-gallon carts for curbside collection. The foregoing statement is true, correct, and complete to the best of my knowledge and professional belief.

This patient/account holder's condition is expected to be: Permanent Temporary (Provide Dates) _____

Signature: _____ Date: _____ Title: _____

Print Name: _____ Type of Medical Practice/Specialty: _____

Health Care Provider's Business Address: _____ City/State/ZIP: _____

(Arizona Dept. of Housing defines Persons with Physical Disabilities as "persons who have physical impairments that substantially limit one or more major life activities, have a record of such impairment, or are regarded as having such impairment.")

EMAIL COMPLETED FORM TO: jweldy@fountainhillsaz.gov

FOR QUESTIONS CALL: Justin Weldy, Public Works Director
480-816-5133
16705 E Avenue of the Fountains
Fountain Hills Arizona, 85268

THIS PAGE TO BE COMPLETED BY TOWN STAFF DURING ON-SITE INVESTIGATION

INVESTIGATION OF ON-PROPERTY SOLID WASTE COLLECTION
SERVICE REQUEST

Report Date: _____ Staff Performing Investigation: _____

Applicant's Name: _____

Applicant's Address: _____

I have investigated the above-referenced address. The box checked below accurately describes my findings.

Recommend that service be provided. No problems were encountered.

Point of Collection: _____

Service can be provided if the following conditions are met:

Pets are restrained.

Access to property is improved.

Other: _____

Point of Collection: _____

Service cannot be provided for the following reasons:

Citizen not eligible for service (receives service through contract or sponsorship).

Citizen not eligible for service (occupies a residence that is not eligible for service).

Property does not face a public street.

Acceptable collection points are not visible from a public street.

Property cannot be reached safely.

Potentially harmful animals on property are not restrained.

Other: _____

Signature of Investigator: _____ Date: _____