CITY OF COLLEGE STATION
PUBLIC WORKS

DISABILITY SERVICE APPLICATION FOR SOLID WASTE SERVICES

Applicant Name: _____

Physical Address: _____

Phone Number: _____ **Date:** _____

Applicant's Physician/Medical Provider must complete and sign this form before service can begin.

Check one of the boxes:

☐ **Patient is temporarily disabled from** _____ **to** _____

☐ **Patient is permanently disabled.**

Name of Physician/Medical Provider:

Address: _____

Phone: _____

Signature: _____ **Date:** _____

Handicapped household means a residential unit where all adult occupants are certified by a licensed medical doctor as being physically incapable of transporting municipal solid waste or recycling to the property curbside.

Completed forms can be faxed to 979.764.3489 or emailed to **rwaller@cstx.gov.**