

**CITY OF SUGAR LAND
ENVIRONMENTAL AND NEIGHBORHOOD SERVICES
APPLICATION FOR SOLID WASTE CART ASSISTANCE PROGRAM**

Mail completed form to:

City of Sugar Land, Environmental and Neighborhood Services, P.O. Box 110, Sugar Land, Texas 77487-0110.

Resident's Statement (please print):

Name: _____

Address: _____ Zip Code: _____

Subdivision: _____ Telephone Number: _____

My reason for needing assistance is (check one):

- ☐ I have a permanent physical condition.
- ☐ I have a temporary physical condition until _____.

I understand that after this date, I will be removed from the Cart Assistance Program.

I understand the Solid Waste Cart Assistance Program is provided to residents who are physically unable to maneuver the garbage and recycle carts and there are no residents over the age of 12 living at the residence that are capable of setting out the carts. The program does not provide assistance for green waste, bulky waste service, textile recycling or bulk cardboard collection. I also understand that this service may be revoked at any time by the Environmental and Neighborhood Services Department if I no longer qualify for assistance. This determination may be made based on observations by City staff or Republic Services operations staff.

Signature: _____

Date: _____

Doctor's Certification:

I, the undersigned, hereby certify that I am a medical doctor licensed to practice medicine in the State of Texas. I further certify that this patient has an ongoing medical condition that prevents him/her from moving the garbage and recycle carts to the curb for collection.

Patient's Name	
Doctor's Name and Degree	
Clinic/Facility Name Address City, State Zip Phone Number	
Doctor's Signature	Date

FOR ENS DEPARTMENT USE ONLY

Date Received: _____ Date Customer Contacted: _____ Effective Date: _____

☐ Approved ☐ Not Approved Reason: _____