City of Festus
Progressive Waste Solutions
Residential Disability Form

If you are an individual who is elderly or disabled and unable to place your garbage carts at the curb for collection, you may request that your refuse collection driver retrieve the cart from your driveway or outside the home, roll it out for service, and then place it back in its original location. Please ask your medical care provider to fill out, sign, and date this form. Please include your name and the home address where your trash is serviced. If there is another person in the home capable of taking the cart to the curb at the residence, the request will be denied. Each person in the home must fill out a verification form.

CUSTOMER NAME (print): _____

HOME SERVICE ADDRESS: _____ **PHONE NUMBER:** _____

This section to be filled out by Doctor or Medical Provider only.

TO HEALTHCARE PROVIDER:
To document your patient's request for assistance
please check one of the following:

☐ **Patient needs assistance with garbage all the time.**

☐ **Patient needs assistance with garbage temporarily due to illness or injury.**
Discontinue after _____ **(date)**

Name of Healthcare Provider or Medical Establishment:

_____

Phone Number: _____ **Address:** _____

I certify that this patient needs assistance in getting their garbage out for collection by the City of Festus.

(X) _____ **Title** _____

Print Name _____ **Date** _____

Form may be completed by a chiropractor (DC), naturopath (ND), physician or surgeon (MD or DO), podiatrist (DPM), advanced registered nurse practitioner (ARNP). Does not include persons licensed in the professions of dentistry and optometry.

RETURN YOUR COMPLETED FORM:

By Mail: City of Festus 950 N. 5th St. Festus, Mo 63028
By Fax: 636-937-6619 Attention: Trash Service
Upon receipt of this verification form, you may be contacted by the City of Festus for an on-site interview.

For office use only:
Date Approved:_____
Date Progressive Notified: _____ **Comments:** _____

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