



Bureau of Planning and Sustainability
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DISABLED CUSTOMER SERVICE REQUEST

DEFINITION OF DISABLED: A disabled residential customer is an individual who is unable to carry the garbage, composting, or recycling carts to the curb because of a permanent, extended, or temporary health condition. Also, this must be a residence which has no other person living there that can take the cans or bins to the curb.
(Please Print)

Date: _____ Name of Resident: _____

Address: _____

Daytime Phone: _____ Garbage Hauler's Name: _____

Other persons, if any, living at residence: _____

Applicant's Signature _____

DISABILITY VERIFICATION SECTION

VERIFICATION: Verification of disabled status will be established by providing a copy of the handicapped parking sticker or by a medical verification using this form. Verification must be provided either by the individual's physician **or** by a medical or social services person who verified this condition with the resident's physician.

DMV Handicapped Sticker Number: _____

(Copy of sticker must be sent with this form to the office of your garbage hauler.)

NOTE: Only fill in (please print) below information if resident does not have a DMV handicapped sticker:

Medical Verification: I verify that the above named resident has a permanent, lengthy, or temporary medical condition that would prohibit him/her from taking the garbage, composting, or recycling carts to the curb.

Name & position of person filling out this form: _____

Representing: _____ (physician or medical or social service person)

PLEASE COMPLETE OTHER SIDE



City of Portland, Oregon | Bureau of Planning and Sustainability | www.portlandoregon.gov/bps
1900 SW 4th Avenue, Suite 7100, Portland, OR 97201 | phone: 503-823-7700 | fax: 503-823-7800 | tty: 503-823-6868

Printed on 100% post-consumer waste recycled paper.

Permanent Disability: Yes No

If not permanent, expected period of disability: _____

Signature: _____

Daytime Phone: _____

RESIDENTIAL CUSTOMER: PLEASE MAIL FORM TO YOUR GARBAGE HAULER, BE SURE TO KEEP A COPY FOR YOUR RECORDS. IF YOU HAVE ANY QUESTIONS, CALL 503-823-7202.

RESIDENTIAL FRANCHISEE GARBAGE HAULER SECTION

NAME & ADDRESS OF HAULER:

DATE RECEIVED BY HAULER: _____ DATE SERVICE INITIATED: _____

FOLLOW UP NOTES:

DISABLED VERIFICATION FORM

