

ALBANY CURBSIDE GARBAGE, RECYCLING AND ORGANICS PROGRAM
Application for Exemption from Curbside Placement

Customer Name: _____

Service Address: _____

Daytime Phone #: _____ Account #: _____

SECTION 1: Doctor's Certification*

I, the undersigned, hereby certify that I am a licensed medical doctor authorized to practice in the State of California.

I further certify that _____ (name of applicant) is my patient and that (s)he has an ongoing physical disability that would prevent them from being able to wheel a cart curbside each week.

| | | |
|------|--------------------|----------------|
| Date | Doctor's Signature | License Number |
|------|--------------------|----------------|

| | |
|------------|--------------|
| _____ | _____ |
| Print Name | Phone Number |

Business Address

Applicant's Certification

I hereby certify that both:

- A. The information contained in this document is true and correct and,
- B. There is no other member of this household capable of wheeling the carts curbside each week.

Date _____ Applicant's Name _____

Applicant's Signature _____

Please complete this form, and return it within 30 days to:

Waste Management of Alameda County – Albany Curbside Exemption
172 98th Avenue
Oakland, CA 94603

*Note: Complete SECTION 1 or you may instead attach a letter from your physician, containing all the same information required in SECTION 1.

If you have any questions, please call: (510) 613-8710

If approved, where will the carts be located? _____