



**SPECIAL SANITATION SERVICES**

A City-approved rollout container must be obtained prior to special sanitation service begins.

**Part I – To be Completed by Applicant (Please print or type)**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Do you agree to notify Public Works should you move for any reason? YES  NO

Does anyone live with you or do you have regular visitors who could provide service? YES  NO

*A handicap emblem must be placed on roll-out cart to alert  
Sanitation employees of this special service.*

**Part II – To be Completed by Physician (Please print or type)**

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Patient's disability can be described as: \_\_\_\_\_

How long is condition expected to exist? \_\_\_\_\_

I hereby certify that the information provided above as well as the information provided by me to the authorized physician is true and correct:

\_\_\_\_\_  
(Applicant's Signature)

Due to the disability indicated above, I hereby verify that the applicant is unable to push a roll-out cart to the street and requires special sanitation services:

\_\_\_\_\_  
(Physician's Signature)

<b>FOR DEPARTMENT USE ONLY</b>	
Received By _____	Date Received _____
Confirmed By _____	Date Confirmed _____
Sanitation Superintendent _____	
Date Placard Affixed _____	
Initial _____	

**Return Application To:**  
City of Greenville  
Public Works Department  
1500 Beatty Street  
Greenville, NC 27834