

Application Date: \_\_\_\_\_



**CITY OF MUSKOGEE  
DEPARTMENT OF SOLID WASTE MANAGEMENT  
CITIZENS WITH DISABILITIES APPLICATION FOR SERVICES**

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On property service is restricted to physically challenged citizens who are sole residents at the address where service is requested, unless all other residents at the service address have disabilities which prevent them from placing waste items at the curb for collection. **The application must be renewed yearly and submitted before February 1<sup>st</sup>.**

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Name of Applicant: \_\_\_\_\_  
Address/Subdivision: \_\_\_\_\_  
Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

TYPE OF SERVICE REQUESTED: Disabled Garbage Service

**APPLICANT'S CERTIFICATION:** Circle the word which applies.

(I/We), the undersigned, certify that (I/we) (am/are) physically challenged and unable to place solid waste at the curb for collection. Further, (I/we) (am/are) the sole (resident/residents) at the above service address. By (my/our) signature(s), (I/we) also give approval for solid waste personnel to enter the above-referenced property for the purpose of collecting solid waste and hereby waive any claim against the City of Muskogee for any damages in connection with solid waste personnel entering this property for the above-stated purpose.

Signature of Applicant: \_\_\_\_\_  
Signature of Other Resident(s): \_\_\_\_\_

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**PHYSICIAN/OPTOMETRIST'S CERTIFICATION:** Please include a copy of the disability letter issued from the governmental agency establishing your disability.

**MAIL FORM TO: Sanitation Department  
301 South Cherokee  
Muskogee, Oklahoma, 74403  
918-684-6335  
Fax to 918-684-6315**

(Application available at above location or online at [www.cityofmuskogee.com](http://www.cityofmuskogee.com))

**For Office Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
Assigned To (Supervisor): \_\_\_\_\_ Date: \_\_\_\_\_

**Acceptance or Denial**

Service Denied On: \_\_\_\_\_ Reason: \_\_\_\_\_  
Service Accepted On: \_\_\_\_\_ Date Service Will Start: \_\_\_\_\_