

CERTIFICATION

Print name of licensed physician, licensed physician assistant, or licensed advance practice professional nurse:

Medical License # _____

Address _____

Phone # _____

Check appropriate box:

Temporary disability until (give specific date of expiration): _____.

Permanent disability.

To be completed by medical professional:

certify that the applicant is disabled according to the conditions required by the Americans with Disabilities Act and this disability prevents him/her from conveying trash or recycling receptacles to the curb/alley. I have indicated above whether this is a temporary or permanent disability.

Print Certifying Agent name

Signed Certifying Agent name and date

DISABILITY CARRY-OUT

Application for Trash and Recycling Carry-out Service



curbit } 
A Sustainable Boise Program
www.curbitboise.org

Carry-out Service is available at no additional charge for those customers who have qualified disabilities under the Americans with Disabilities Act (ADA).

Disability, for this purpose, is defined as a physical or mental impairment, whether permanent or temporary, that substantially limits one or more major life activities. Advanced age alone is not considered a disability, however senior citizens may have disabilities under the ADA definition.

Applicants must provide a written certification (form on back) from a licensed physician, licensed physician assistant, or licensed advance practice professional nurse, verifying that the applicant's stated impairment qualifies as a disability and prevents them from using curbside or alley services. The applicant must also show that there is no other person in the residence that can convey the trash or recycling container(s) to the collection site.

The Waiver of Liability and Certification must be completed before service is initiated. For questions or more information contact Boise City Utility Billing at **384-3735** (TDD/TTY 800-377-3529).



www.curbitboise.org

WAIVER OF LIABILITY

(Please ensure the certification on back is complete before mailing)

_____,
request that I be provided with carry-out service at the regular curbside trash fees because I have a disability in accordance with the Americans with Disabilities Act and I certify that there is no other person in my household that is able to convey trash or recycling carts to the curb/alley at the address located at:

Address _____

Print applicant name

Signed applicant name and date

If applicable: Print legal guardian name

Signed legal guardian name and date

MAIL WAIVER OF LIABILITY TO:
City of Boise Utility Billing
PO Box 500
Boise, ID 83701-0500

DIRECT QUESTIONS TO:
384-3735 (TDD/TTY 800-377-3529)