



Solid Waste/Recycling Collection
Exemption Service Questionnaire
(To be completed by the resident)

Name: _____

Current Address _____ Zip: _____

Phone Number: _____ Best Time of Day to Call: _____

Age: _____ Number Living in household: _____

Ages of Additional Person(s) Living in Household: _____

Who routinely places your solid waste/recycling out for collection now? _____

Are you currently under a physician's care for a chronic illness that impairs mobility?
YES _____ NO _____

Do you need the assistance of an aid in your mobility?
If yes, what type: Wheelchair _____ Walker _____ Cane _____ NO _____

Do you have a friend, neighbor or relative who is willing to place your solid waste/recycling at the designated point of collection? YES _____ NO _____

Reason for Requesting Exemption Service: _____

TODAY'S DATE: _____

PLEASE ATTACH THE MEDICAL CERTIFICATION FORM and send both forms to:

City of Liberty
Public Works Department
Exemption Service
101 E. Kansas St.
Liberty, MO 64068

THANK YOU!



MEDICAL DOCUMENTATION FOR EXEMPTION SERVICE

The City of Liberty Public Works Department has received a request from a resident who is applying for exemption service. This is a special service provided to residents who are disabled or physically unable due to aging to place their solid waste at the designated point of collection.

Many residents are physically unable to move their solid waste containers to the curb line for collections. In addition, they do not have any available relative, friend or neighbor who can perform this task for them. While we are pleased to provide this service, we must limit its availability to those whose mobility is medically and/or physically impaired.

We request that medical documentation be provided to verify the need of each resident who receives exemption service. Please fill out the lower portion of this letter on behalf of your patient who is to be considered for receiving this service. Your cooperation in this matter is greatly appreciated.

I hereby give consent to my physician to release information to the City of Liberty Public Works Department about my condition.

Resident's Name: _____
Resident's Signature: _____
Address: _____
Zip Code: _____

Doctor's Certification for Exemption Service

I hereby certify that _____ is under my care for treatment which impairs mobility and physically restricts the patient from placing their solid waste container at the designated location for curbside collection.

Physician's Name

Physician's Signature

Date