



City of Cortez
Service Center
110 West Progress Circle
Cortez, CO 81321

PUBLIC WORKS DEPARTMENT
REFUSE DIVISION
BRIAN K. PECKINS, DIRECTOR

Dear Resident:

Attached is an application for door-side solid waste collection service for disabled City of Cortez residents. To qualify for the disability collection exemption, the customer and a licensed health care provider must complete and return the certification application. Upon completion, the original application must be mailed or delivered in person to the address above, ATTENTION: REFUSE.

To qualify for this service, the following requirements must be met:

1. Applicants must be full-time residents at the approved address; disabled to the extent, with doctor's certification, that he/she is incapable of moving City-provided garbage or recycling containers to the curb; and no other able-bodied individual resides at the address.
2. This service applies only to household garbage and single-stream recyclable materials collection. Only one polycart and one recycling container qualify for this service.
3. No excess garbage contained in plastic bags qualifies for this service.
4. Yard trimmings, leaves, etc. do not qualify for this service.
5. Containers must be readily accessible, outside garages, carports, or fenced areas.
6. This application must be renewed annually, thirty (30) days prior to the anniversary date. Failure to do so will result in this service being discontinued the date the agreement ends. Residents with permanent disability status are exempt from the annual doctor's certification requirement.

Once your application has been approved, there will be no need to reapply. However, if your physical condition changes and you are able to deliver the trash/recycling to the curb, or should an able-bodied individual reside with you who can deliver the trash/recycling to the curb, you must contact the Refuse Division within ten (10) days to advise us of the change in your eligibility for the disability door-side service. The Refuse Division reserves the right to audit the roll for disability exemptions from time to time to verify that individuals receiving the exemption meet the minimum requirements.

For more information, please contact Colby Earley, Refuse and Recycling Foreman, at 970.565.7320, Ext. 3352, or via email at cearley@cortezco.gov. We look forward to serving you.

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PUBLIC WORKS DEPARTMENT
REFUSE DIVISION
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Application for Door-Side Trash Collection Service for Elderly or Disabled Resident

Applicant's Name: _____ Phone: _____

Physical Address: _____

Location of Polycart: _____

VERIFICATION OF SPECIAL NEED AND HOUSEHOLD OCCUPANCY – TO BE COMPLETED BY APPLICANT

I hereby apply for exemption from the Cortez City Code requiring garbage and recycling receptacles to be placed at the curb (or in the alley) for collection; and submit the following affidavit:

I, the undersigned claimant, do solemnly swear that I am a full-time resident at the above address; am disabled to the extent that I am incapable of moving my garbage or recycling container to the curb; and no able-bodied individual resides at the address above. I understand that the application for this service must be submitted on an annual basis, or my participation in the program will be discontinued.

Signature of Applicant: _____ Date: _____

DISABILITY STATEMENT – TO BE COMPLETED BY A LICENSED HEALTH CARE PROFESSIONAL
(Waived for residents with proof of permanent disability; annual self-certification form required.)

I, a licensed Health Care Professional, hereby certify that _____ is currently a disabled resident and unable to move his/her garbage/recycling container to the curb.

I further certify that such disability is of a: _____ Permanent Nature OR
 Temporary Nature (length of disability is from _____ to _____).

Name of Health Care Professional: _____ Phone: _____

Address: _____

Professional License Number: _____ Date: _____

Signature of Health Care Professional: _____

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