



Department of Public Works—Sanitation Division

# REQUEST FOR WALK-UP SANITATION SERVICE

Walk-up service allows the resident to have sanitation services at the home, rather than at the curb. Our staff will walk up to the residence and take the containers out to the street, empty and return them. It is available for an additional monthly fee. Simply complete Section 1 below and return this form to the City of Newton - Billing Office.

For residents who are physically unable to move their containers to the curb, and have no able-bodied person living in the residence, the additional fee may be waived. To qualify, complete section 1 and 2 below and have your physician complete the physician's statement and return to the City of Newton.

<b>Section 1</b>	
Date _____	Account No. _____
Customer Name _____	Address _____
<p>I request that walk-up service be provided at my residence. I agree to work with the Sanitation Division to determine a mutually acceptable collection point, according to City of Newton policies. Unless the exemption below applies, I agree to pay the additional fee applicable to the service. (Code 1999, 18-206.A(3).)</p>	
Customer Signature _____	

<i>This section to be completed by Sanitation</i>		
Collection Point _____	Supv. _____	Date _____

<b>Section 2 Exemption Certificate</b>	
<p><i>This section to be completed only if requesting an exemption from the additional walk-up service fee, based upon there being no person residing within the household 12 years of age or older who is physically capable of placing sanitation containers for curbside collection. Such physical incapability must be medically certified.</i></p>	
<p>I certify that each of the persons identified below are all of the regular residents of the household who are 12 years of age or older. I certify that due to physical or medical restrictions, none of these persons are capable of placing the refuse or recyclable containers at the collection point as directed by the City. A physician's statement is attached as to each of the listed persons verifying the existence of these physical or medical restrictions.</p>	
<p>I will notify the City of Newton should changes occur which may no longer make this exemption applicable, and I understand that fines or other penalties apply for any failure to do so, and for any resulting receipt of the benefit of an exemption for which I may no longer be entitled.</p>	
All resident's names (12 and over) _____ _____ _____ _____	Physician's Statement Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Customer Signature _____	



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## MEDICAL STATEMENT FOR WALK-UP SANITATION SERVICE

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Full Name

\_\_\_\_\_  
Patient Address

### PHYSICIAN'S STATEMENT

*This section to be completed by Physician*

I certify that the person named above is my patient, and in my professional opinion, this individual is physically incapable of placing sanitation containers at the curbside collection point, according to City code.

The duration of this condition is anticipated to be: (check one)

Temporary  
Anticipated duration \_\_\_\_\_

Permanent

Print or type

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Clinic / Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Physician Signature

Return to: City of Newton-Billing Office, P.O. Box 586, Newton, KS. 67114-6007 • (316) 284-6007