



# City of Danville

## APPLICATION for REFUSE SET OUT SERVICE for PHYSICALLY CHALLENGED

**This application applies only to City of Danville households where no one is physically able to take refuse containers to curbside for collection.**

This agreement entered into this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between the City of Danville, a municipal corporation of the Commonwealth of Virginia, and

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
PLEASE PRINT

Address: \_\_\_\_\_  
PLEASE PRINT

I understand that the fee as set by City Council is due and payable annually. The initial fee will be prorated to the end of December. Thereafter, application must be renewed and paid by January 1 of each year. The fee shall be paid at the Public Works Department Office by Cash, Personal Check, Cashier's Check or Money Order made payable to the City of Danville.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY

**ANNUAL REQUIREMENTS:**

Paid: \_\_\_\_\_ Annual (\$260)  
\_\_\_\_\_ Pro-rated (\$5 per week) for \_\_\_\_\_ weeks

Refuse Route  
& Pickup Day:

Beginning Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's Certification of Disability (Attach)

Notarized Affidavit of Eligibility (Attach)

APPROVAL:

\_\_\_\_ GRANTED

\_\_\_\_ DENIED

\_\_\_\_\_  
City of Danville Official Signature

\_\_\_\_\_  
Date

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_



# City of Danville

## AFFIDAVIT of ELIGIBILITY for REFUSE SET OUT SERVICE for PHYSICALLY CHALLENGED

COMMONWEALTH OF VIRGINIA

CITY OF DANVILLE, to wit:

I, \_\_\_\_\_, do hereby state and make oath, by my signature below, that I am not physically able and that I have no other available assistance in my household to comply with the City's requirement to place refuse at the curb for collection by the Public Works Department and do further hereby state and make oath that this information is true and correct.

I further understand that a doctor's certificate stating that all occupants are incapable of placing refuse containers at curbside is required and that should a representative of the City of Danville Public Works Department receive reliable information or observe that I am performing activities equal to or more stringent than required to comply with the Ordinance, and/or have another person residing in this household that can assist me, will initiate a review of my application and may result in discontinuance.

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

COMMONWEALTH OF VIRGINIA  
CITY OF DANVILLE, to-wit:

This Affidavit was sworn before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_  
by \_\_\_\_\_, a resident of the City of Danville, Virginia.

\_\_\_\_\_  
NOTARY PUBLIC

Commission Number: \_\_\_\_\_



# City of Danville

## MEDICAL CERTIFICATION for REFUSE SET OUT SERVICE for PHYSICALLY CHALLENGED

I, \_\_\_\_\_, as a licensed medical physician, do hereby state  
PHYSICIAN'S NAME  
and make oath, by my signature below, that the following is true and correct to the best of my professional  
knowledge:

1. I have personally and physically examined \_\_\_\_\_ on the  
PATIENT'S NAME  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, independently of any other doctor.

2. I have determined that the patient named above is and will be unable to physically carry or move his/her  
refuse to curbside for collection due to physical impairment or deformity which is expected to:

Check one)  Last until \_\_\_\_\_.  
DATE

Last for the duration of the person's life.

Patient's Street Address: \_\_\_\_\_  
Danville, Virginia

### PHYSICIAN'S CONTACT INFORMATION and SIGNATURE:

Business Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE