



PUBLIC WORKS  
Refuse and Recycling

## Request for Physically Limited Refuse Service

Section I – To be completed by resident:

**I certify by my signature below** that I am physically impaired or otherwise not capable of placing my trash and/or recycling carts at the curb for pickup by the refuse hauler, and there are no other able-bodied persons in the home who can place the carts at the curb. **All disabled household residents must fill out and submit a Request for Physically Limited Refuse Service Form for program consideration.**

Because of my inability to place my carts at the curb for pickup, I request physically limited service from the City of Tulsa Solid Waste Division for once-a-week service.

MONTHLY COST FOR CART PICK UP PER SIZE	
Refuse Cart – 32 Gallons	\$18.84 per Month
Refuse Cart – 64 Gallons	\$21.12 per Month
Refuse Cart – 96 Gallons	\$23.40 per Month
Recycling Cart – 96 Gallons	No Additional Charge

**Please Note:** Yard waste will still need to be placed in clear bags or bundled at curb side for service.

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section II – To be completed by a licensed medical physician:

Physician's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Business Address: \_\_\_\_\_

I certify by my signature below that (patient's name) \_\_\_\_\_ is physically impaired or otherwise not capable of placing his/her residential trash and /or recycling carts at curb side for pick up by the refuse hauler.

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

By my signature I confirm that I am a licensed Medical Doctor, Doctor of Osteopathic Medicine or ophthalmologist.

**For Office Use Only**

Date form was received: \_\_\_\_\_ Customer account number: \_\_\_\_\_

Approved:  Disapproved:  Reason for disapproval: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form to: 2317 S. Jackson Ave., Tulsa, OK 74107