



Bexar County Solid Waste Program
Collection Assistance Program Application



Customers who are unable to bring their solid waste container(s) to the curb as certified by a medical professional may qualify for collection assistance. Complete and submit this form by mail to the Bexar County Solid Waste Division, 1948 Probandt St., San Antonio, TX 78214; or e-mail to BexarSolidWaste@bexar.org

Name _____ Address _____
City/State _____ Zip _____ Phone _____

TO BE COMPLETED BY APPLICANT / CUSTOMER

I, the undersigned applicant, certify that I am temporarily permanently physically unable to move my residential solid waste containers to the curb for service. I also certify that:

- 1. There is no one living in my household who is able to place the containers at the curb.
- 2. I understand that the default cart size for this service is the medium sized (95-gallon) can.
- 3. I will notify the department should my circumstances change.
- 4. I understand that this form needs to be re-submitted annually to continue receiving assistance.
- 5. I authorize my physician to complete the form below.
- 6. I understand that failure to comply with these rules may result in discontinuance of the collection assistance.

By signing below, I **AUTHORIZE THE SOLID WASTE VENDOR SELECTED BY BEXAR COUNTY TO ENTER MY PROPERTY FOR THE PURPOSE OF RETRIEVING AND EMPTYING MY GARBAGE CONTAINER.**

Signature of Applicant _____ Date _____

TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL

(Please print legibly.)

I, _____, certify that I am a licensed medical professional and assert that the person identified above is currently unable to move the solid waste collection cart to the curb for service.

I further certify that the disability is:

- Temporary in nature (12 months or less)
- Permanent in nature (continuing for the applicant's lifetime)

Name _____ Professional License # _____

Office Phone _____ Address _____

Signature _____ Date _____