

CITY OF WARREN ENVIRONMENTAL SERVICE
613 MAIN AVE SW
WARREN OHIO 44483
PH: 841-2561 FAX: 841-2920

For Office Use Only	
Date received _____	_____
Verified _____	Approved _____

Disability Service Application

Name _____ Social Security # _____
Address _____ Birth date _____
Phone # _____ Occupation _____

PHYSICIAN'S VERIFICATION OF MEDICAL DISABILITY

I hereby certify that _____ is physically incapable of moving his/her 96 or 64 gallon refuse collection container to the curb. It is my recommendation that he/she receive back yard service because of this disability.

Signed: _____

(Please Print Physician's Name)

RESIDENT'S STATEMENT OF ELIGIBILITY

I, _____ the undersigned, certify that I am the sole occupant of the above address, or that all other occupants in this household are also physically unable to move the 96 or 64 gallon refuse collection container to the curb.

Signed _____ Date _____