



**Environmental Services
Department
City of Warren**

613 Main Ave., S.W. Warren, Ohio 44483
Phone: (330) 841-2561 • Fax: (330) 841-2920

*William Douglas Franklin
Mayor*

Enzo C. Cantalamessa
Director of Service-Safety

Leann O'Brien
Manager

Disability Service Application

Name _____

Address _____

Phone # _____ Birth Date: _____

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: _____ Date _____

(Please Print Physician's Name)

.....
RESIDENT'S STATEMENT OF ELIGIBILITY

I, _____ the undersigned, certify that I am the sole occupant of the above address and am physically unable to move the 96 or 64 gallon refuse collection container to the curb.

Signed _____ Date _____

Proof of age requirement must accompany applications. Please provide one of the following:

- Driver License
- State issued ID card
- Passport
- Other photo ID