

Disability Assistance Form

Department of Solid Waste Management

PO Box 578

Durant, OK 74702-0578

(580) 931-6660

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____

The City of Durant will assist anyone with a Doctor's note verifying they are physically unable to use the Polycarts. To be eligible, no one in the household can be capable of doing the chore themselves. Annual verification of this form will be required.

1. Do you have a disability/handicap that prevents you from sitting your cart out on the curb?

2. If you answered yes to question #1, give a brief description of your disability

3. Do you have home health care or any other service that could help you in setting out your cart?

4. Is there anyone living with you or a neighbor who could set your cart out for you?

A doctors signed statement that explains your disability must accompany this form. Once both forms are received, the City will make arrangements to assist you in setting out your polycart.

I hereby certify that the answers given are true and complete to the vest of my knowledge. I authorize the City of Durant, OK to verify any or all of the statements contained herein.

Signature: _____ Date: _____