



**CITY OF CARLSBAD
SOLID WASTE DEPARTMENT
RESIDENTIAL DISABILITY FORM**

On-property service is restricted to physically challenged citizens who are sole residents at the address where service is requested, unless all other residents (excluding children less than 13 years of age) at the service address have disabilities which prevent them from placing the solid waste rollout container at the curb for collection.

Name of Applicant: _____ Date: _____

Address: _____, Carlsbad, NM 88220

Phone/Email: _____

APPLICANT'S CERTIFICATION: Circle the word which applies.

I, the undersigned, certify that I am physically challenged and unable to place solid waste rollout container at the curb or property frontage for collection. Further, I am the sole resident at the above service address. By my signature, I also give approval for solid waste personnel to enter the above-referenced property for the purpose of collecting solid waste and hereby waive any claim against the City of Carlsbad for any damages in connection with solid waste personnel entering this property for the above-stated purpose.

Signature of Applicant: _____

Please either mail this document to PO Box 1569 Carlsbad, NM 88220, or deliver it to the Solid Waste Department at 1702 W. Fox St.

**ON SITE FIELD INVESTIGATION
PERFORMED BY SOLID WASTE MANAGEMENT
(To be completed by City)**

INVESTIGATION	YES	NO	EXPLANATION
Safe access to property?			
Pets/animals are restrained?			
Unlocked gates for access?			
Is acceptable collection point visible from public street?			
Additional field notes:			

Scheduled pick up days: _____ MONDAY/THURSDAY OR TUESDAY/FRIDAY _____

Approved _____ Not Approved _____

Investigated By: _____ Date: _____

For Office Use Only	
Date Received: _____	Received By: _____
Assigned To (Supervisor): _____	Date: _____
Investigated By: _____	Service Center Assigned To: _____
Acceptance or Denial	
Service Denied On: _____	Reason: _____
Service Accepted On: _____	Date Service Will Start: _____