



CITY OF BRISTOL, VIRGINIA
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE MANAGEMENT

Application/Agreement for Physically Challenged Service

Name: _____ Date: _____

Address: _____ Phone: _____

Special service is being requested for the following service:

Weekly solid waste removal

Reason for request:

Attached to this Application is a physician's certification, stating that I am unable to transport solid waste from my residence at the above-referenced address to the public street as required by Article II., Section 70-27 (b), of the Code of the City of Bristol, Virginia.

I further certify that any and all other persons residing at such address are also unable to transport all solid waste to the public street or public alley as required by Article II, Section 70-27(b) of the city code. I agree to notify the Solid Waste Management division at 276-645-7380 if I vacate this residence, or become physically able, or reside with a person who is physically able to transport to the public street all solid waste generated by those persons residing at such address.

With this request for special service, I am giving the City and its employees permission to enter my property for the purpose of weekly solid waste removal. I understand that I will need to re-apply for Physically Challenged Service within twelve (12) months from the date of approval of my application by the Director of Public Works if I am interested in receiving uninterrupted service.

Applicant's Signature

Date

Supervisor's Approval

Director of Public Works

For office use only:

Approval Date: _____



CITY OF BRISTOL, VIRGINIA
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE MANAGEMENT

Physician's Certification for Physically Challenged Waste
Collection Service within the City of Bristol, Virginia

Solid Waste Management
2125 Shakesville Road
Bristol, Virginia 24201
Phone: 1-276-645-7380
Fax: 1-276-591-5237

Date: _____

Re: Physically Challenged Waste Collection Service

Mr./ Mrs. / Ms. _____

Address: _____

Phone: _____

As a licensed physician, I certify and affirm that _____
is unable to transport solid waste generated by those persons residing in the
above-referenced dwelling unit to the public street.

Sincerely,

Physician's Name (Please Print): _____

Physician's Address: _____

Phone: _____



CITY OF BRISTOL, VIRGINIA
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE MANAGEMENT
Liability Waiver Form and Hold Harmless Agreement

I hereby release, waive, discharge, and covenant not to sue, the City of Bristol, Virginia or its employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss or damage to personal property by the City of Bristol, Virginia Public Works Department, while upon premises when refuse is collected for disposal.

In signing this release, I acknowledge and represent that I have read the forgoing waiver of liability and hold harmless agreement, understand it, and sign it voluntarily as my own free act and deed. I certify that I am not a minor, and I am free and able of giving such consent.

Signature: _____ Date: _____

Print Name: _____

Address: _____

Phone: _____

Witness Signature: _____ Date: _____

Print Name: _____