



**VERIFICATION FORM FOR PHYSICALLY DISABLED PERSONS**

**PHYSICIAN'S STATEMENT  
(TO BE COMPLETED BY ATTENDING PHYSICIAN)**

It is my professional opinion that \_\_\_\_\_ is physically unable to transport his/her household refuse to the curb for collection.

\_\_\_\_\_ It is my professional opinion that his/her inability is permanent. This recommendation is based upon the following:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ It is my professional opinion that his/her inability is temporary. The temporary inability is anticipated to end \_\_\_\_\_.

PHYSICIAN'S NAME: \_\_\_\_\_  
(Please type or print)

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LICENSE ID NO. \_\_\_\_\_

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**RESIDENT'S STATEMENT  
(TO BE COMPLETED BY RESIDENT REQUESTING SERVICE)**

NAME: \_\_\_\_\_  
(Please print)

ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

In accordance with the physician's verification above, I am physically unable to transport my household refuse to the curb for collection. **I further verify that there is no able-bodied person residing at my residence who is capable of transporting my refuse to the curb for collection. I also agree to follow established guidelines.**

RESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If you have any questions, please call 866-6774 or 866-6894. Return the form to the Solid Waste Division, PO Box 1748, Gastonia, NC 28053-1748. Fax : (704) 866-6047