

**DEPARTMENT OF SOLID WASTE MANAGEMENT
AFFIDAVIT/WAIVER**

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

ZIP CODE: _____ WATER ACCT: _____

To qualify for the curbside exemption, please complete the following information.

1. Are you the primary water account holder?

YES _____ NO _____ OTHER _____

2. Does another individual reside at this address that is capable of placing your refuse container on the curb?

YES _____ NO _____

Waiver must be notarized and returned to the Department of Solid Waste Management, 7969 San Paulo, El Paso, Texas 79907.

APPLICANT'S SIGNATURE: _____

SWORN TO and Subscribed before me on this _____ day of _____, 20 _____,

(SEAL)

Notary Public Signature

FOR PHYSICIAN USE ONLY

If you are claiming waiver from curbside collection, please have your physician answer and sign below; or you may attach certification from Social Security Administration or a public disability pension office.

_____ is a patient of mine, and it is my opinion that he/she is physically or mentally unable to take his/her refuse to the curb.

Physicians Signature

Office Address

Telephone Number

FOR OFFICE USE ONLY

_____ Approved _____ Disapproved

APPROVED BY: _____ DATE: _____

REASON FOR DENIAL: _____

Any resident who is denied a waiver by the Department of Solid Waste Management has the right to appeal the denial to the Accessibility Grievance Committee in care of the ADA Coordinator, Social Services Department, 2 Civic Center Plaza, 3rd Floor, El Paso, TX 79901.

**DEPARTMENT OF SOLID WASTE MANAGEMENT
CURBSIDE EXEMPTION POLICY**

I. Eligibility

- 1. Any resident who is physically or mentally unable to place their refuse container(s) at the curbside, as certified by a physician who is licensed to practice medicine in the United States, and having no one in their home who can help them, may apply for a waiver from curb side refuse pick-up. Waivers apply only to refuse.**
- 2. No resident will be granted a waiver who has an individual living in the household who is capable of delivering the refuse container(s) to the curb.**
- 3. Residents receiving refuse collection service in an alley are not eligible for exemption since refuse container(s) may remain at the alley with no requirement for removal.**

II. Applications for Waiver

- 1. Residents applying for a waiver must complete a Department of Solid Waste Management waiver form and affidavit and supply all requested information. Waiver forms, affidavits and additional information are to be mailed to the Department of Solid Waste Management, 7969 San Paulo, El Paso, Texas 79907.**
- 2. Residents applying for a waiver must provide a statement, signed by a physician who is licensed to practice medicine in the United States, certifying the resident's inability to place their refuse containers at the curb side.**

III. Review of Applications

- 1. Applications for waivers will be reviewed by the Director of the Department of Solid Waste Management or his/her designee. Residents will be notified in writing of action taken on the application.**
- 2. Any resident who is denied a waiver by the Director of the Department of Solid Waste Management has the right to appeal the denial to the Accessibility Grievance Committee in care of the ADA Coordinator, Social Services Department, #2 Civic Center Plaza, 3rd Floor, El Paso, Texas 79901.**
- 3. Individuals who no longer qualify for a waiver are required to notify the Department of Solid Waste Management by letter addressed to:
Superintendent of the Department of Solid Waste Management, 7969 San Paulo, El Paso, Texas 79907.**