



CITY OF NEWTON PUBLIC WORKS
 403 W 4TH ST N., SUITE 501
 NEWTON, IOWA 50208
 641-792-6622
 WWW.NEWTONGOV.ORG

REQUEST FOR EXEMPTION
 FROM
 CURBSIDE COLLECTION OF SOLID WASTE AND RECYCLABLES

I, _____, do hereby state that all members of my household are physically incapable of taking solid waste and recyclable materials to the curb of my residence located at _____, Newton, Iowa. I request that arrangements for door side collection of solid waste and recyclable materials be made for this address. The solid waste and recyclables will be placed (location of containers): _____

Below is a signed doctor's notice verifying physical incapacity to meet the curbside requirement for each member of my household.

Signed: _____

Date: _____ Telephone: _____

Doctor's Authorization of Physical Handicap

I DO HEREBY VERIFY THAT _____ IS PHYSICALLY HANDICAPPED AND INCAPABLE OF LIFTING AND CARRYING SOLID WASTE AND RECYCLABLE MATERIALS TO THE CURB OF HIS/HER RESIDENCE BECAUSE OF THE FOLLOWING PHYSICAL LIMITATIONS: (PLEASE PRINT EXPLANATION)

SIGNED: DR. _____

PLEASE PRINT NAME: _____

DATE SIGNED: _____