

To receive this service all persons residing upon the premises where service is provided must be certified by a physician as being incapable of disposing of trash within the standard receptacles without assistance.

Applicant Information

Name: _____ Phone: _____ Email: _____

Service Address: _____

Nature of Disability: _____

Handicapped garbage collection service shall be **valid for one year** from the date approved by the City of Alamogordo. Thereafter, service is subject to renewal on an annual basis by filing an additional application(s) with the City.

Additional Information

Please provide information on others living in the residence.

Name: _____

Nature of Disability: _____

Name: _____

Nature of Disability: _____

Physician Information

I, the undersigned, am a licensed physician, licensed to provide medical services within the State of New Mexico. I do hereby certify that the applicant and all other persons listed within this application are incapable of carrying or otherwise delivering household waste to the alley dumpsters and/or incapable of the effort required to place a poly-cart at the curb side as required for standard collection. I further recommend that he/she /they be approved for handicapped garbage collection service.

Physician Printed Name: _____ Phone: _____

Physician Signature: _____ Date: _____

Return to: Utilities Department
42 Valley View Drive
La Luz, NM 88337

Or scan and email to: utilities@ci.alamogordo.nm.us

Internal Use Only

Request is: Approved Denied Valid Through: _____

Approver Signature: _____ Date: _____

Date Submitted to Solid Waste Collection Contractor: _____