



Mayor Mike Zita

CITY OF NORTON

4060 Columbia Woods Drive
Norton, Ohio 44203

Offices: 330-825-7815 Ext. 310 Fax: 234-334-5593
Website: www.cityofnorton.org

June 1, 2016

MEDICAL DOCUMENTATION FOR EXEMPTION TO PROVIDE SPECIALIZED SERVICE

Approximately every five years the City reviews its trash contract and has the ability to rebid to find if there are better services available to our residents. The City of Norton is pleased to announce **Republic Waste Services** as the exclusive residential provider for trash collection and recycling beginning July 2016. By this time, you have probably already received the information pamphlet in the mail detailing how to get signed up for your trash service.

The City of Norton is happy to inform you that in this contract with Republic Service, the availability for qualifying medically restricted residents to be exempted from curbside refuse collection service may do so by applying for "back-door pick-up service".

Please understand that back-door service is only available to "LIMITED service" ("Unlimited" and "bag service" is exempt from this program), and that the designated location of the rollout refuse container must be outside the confines of the household or of any other outbuildings.

For your back-door pick-up service to be started, enclosed please find a ***Medical Documentation for "Back-Door" Refuse Hauling Service***. Please complete the area that asks for your information and then present this form to your primary physician to be completed.

Please return this information to our offices at your very earliest convenience. Your medical office may send it back to this office by using the transmittal information provided below. If you have any question, please don't hesitate to contact **330-825-7815 x310**

Sincerely,

CITY OF NORTON

Mike Zita, Mayor

form attached

FORM — Medical Documentation for "Back-Door" Refuse Hauling Service
RESIDENT REQUESTING BACK-DOOR / MEDICAL TRASH SERVICE

I hereby give consent to my physician to release information to the City of Norton relating to my physical condition. *(please print information legibly)*

RESIDENT'S NAME: _____

RESIDENT'S ADDRESS: _____

CITY/ZIP: _____

RESIDENT'S SIGNATURE: _____

RESIDENT'S PHONE #: _____

AREA THAT CONTAINER WILL BE LOCATED: _____

DOCTOR'S CERTIFICATION FOR EXEMPTION SERVICE

I do hereby certify that *(PRINTED patients name)* _____ is
under my care, and with my signature below, I do attest that this patient's physical condition impairs
mobility, and physically restricts them from placing their refuse at the normal point of collection.

Physician's printed name: _____

Physician's contact number: _____

Physician's signature: _____

UPON COMPLETION OF THIS FORM, PLEASE RETURN TO:

CITY OF NORTON
ATTN: BACK DOOR TRASH SERVICE
4060 COLUMBIA WOODS DR.
NORTON OH 44203
OR FAX TO: 234-334-5593
OR [E-MAIL: lsnyder@cityofnorton.org](mailto:lsnyder@cityofnorton.org)