



**SOLID WASTE  
MANAGEMENT DEPARTMENT  
CITY OF ALBUQUERQUE  
Residential Disability Form**

If you are an individual who is elderly or disabled and unable to place your garbage carts at the curb for collection, you may request that your refuse collection driver retrieve the cart from your driveway, roll it out for service, and then place it back in its original location. Please ask your medical care provider to fill out, sign and date this form. Please include your name and the home address where your trash is serviced.

**TO HEALTHCARE PROVIDER:**

To document your patient's request for assistance  
Please check one of the following:

**CUSTOMER NAME (print):** \_\_\_\_\_

**HOME SERVICE ADDRESS:** \_\_\_\_\_

*This section to be filled out by Doctor or Medical Provider only.*

Please check one of the following:

- Patient needs assistance with garbage all of the time.
- Patient needs assistance with garbage temporarily due to illness or injury.  
Discontinue after \_\_\_\_\_ (date).

**Other Comments:**

\_\_\_\_\_

**Name of Healthcare Provider or Medical Establishment:**

\_\_\_\_\_

**Phone**

**Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_

*I certify that this patient needs assistance in getting their garbage out for collection by the City of Albuquerque.*

**(X)** \_\_\_\_\_ **Title** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Form may be completed by a Chiropractor (DC), naturopath (ND), physician or surgeon (MD or DO), podiatrist (DPM), advanced registered nurse practitioner (ARNP). Does not include persons licensed in the professions of dentistry and optometry.

**RETURN YOUR COMPLETED FORM :**

**By Mail:** Solid Waste Management Department  
City of Albuquerque  
4600 Edith NE  
Albuquerque, NM 87107

**By Fax:** 505-761-8187 Attention: Customer Service