BRUNSWICK HILLS TOWNSHIP RESIDENTIAL WASTE COLLECTION
MEDICAL PICK-UP SERVICE APPLICATION

Brunswick Hills Township, when possible, provides a special Medical Pick-Up service to residents who are disabled or physically unable to place their solid waste and recycling at the designated point of collection. While Brunswick Hills Township is able to provide this service in certain circumstances, we must limit its availability to those whose mobility is medically and physically impaired. One application is required for each person in the household.

To begin service, each household member should complete the "Resident's Certification for Medical Pick-Up Exemption" section of this form below. Each resident's physician should then complete the "Physician's Certification for Medical Pick-Up Exemption," confirming that the resident has a condition that prevents him/her from bringing his/her solid waste and recycling to the curbside pick-up location. Please be advised that, in order to cover the additional cost of the Medical Pick-Up service, an additional fee may be added to the household's monthly trash bill. These fees are subject to change without notice.

Please note, residents utilizing medical pick-up service will be restricted to two bags of trash or one trash cart and one Recycling cart per week for the household. Trash bags or trash cart and Recycling cart must be placed at the front of the garage or front door of the home on the day of collection, and cannot be more than 100' from the Curbside Collection Service site. Please note that, even with a certification, this service may not be available for certain addresses. Residents are responsible for keeping walkways and driveways clear in order to receive this service. Upon completion, please return this form to Brunswick Hills Township, 1918 Pearl Road, Brunswick, Ohio 44212. You will be provided with a phone call confirming your entry into the program.

RESIDENT'S CERTIFICATION FOR MEDICAL PICK-UP EXEMPTION
(To Be Completed by the Resident – All Fields Require an Answer)

Please Check: ____ I certify that I have no available relative, friend, or neighbor who is willing to perform these tasks on my behalf. I hereby request Residential Waste Collection Medical Pick-Up Service, I agree to pay such cost for the service, and I give consent to my physician to release information to Brunswick Hills Township about my condition. This certification is made with the understanding that any false statement may constitute theft of services, a prosecutable offense.

Resident's Name: _____

Resident's Signature: _____   Today's Date: _____

Address: _____ Brunswick Hills Township, Ohio 44256

Phone Number: _____   Number of Persons Living in Household (Answer Required): _____

Certification of disability is required for all persons 12 years of age or older living in the household.

BRUNSWICK HILLS TOWNSHIP RESIDENTIAL WASTE COLLECTION MEDICAL PICK-UP SERVICE APPLICATION

PHYSICIAN'S CERTIFICATION FOR MEDICAL PICK-UP EXEMPTION
(To Be Completed by Resident's Physician – All Fields Require an Answer)

Documentation is required to verify the need of each resident who requests exemption services. Please fill out this section on behalf of your patient who is currently requesting these services. This certification is made with the understanding that any false statement may constitute theft of services, a prosecutable offense. Your cooperation in this matter is greatly appreciated.

I hereby certify that _____ is under my care, and is physically unable to place his/her Solid Waste at the designated point of collection in the manner required. I hereby request that Brunswick Hills Township's Residential Waste Collection program perform a special medical pick-up for my patient.

Physician's Name: _____

Practice Name / Affiliation: _____

Physician's Signature: _____

Office Address (*Street, State, Zip*): _____

Phone Number: _____   Today's Date: _____

_____

FOR BRUNSWICK HILLS TOWNSHIP (TRUSTEE) USE ONLY:

Review date: _____, 20____

_____ Request approved   _____ Request denied

Comments: _____

Brunswick Hills Township Trustee signature: _____

Date E-mailed to Republic Services: _____, 20____