



**Application for Residential Exception Service**

Once completed, please return this form to: PO Box 700, 180 Montgomery Ave., Pacolet, SC, 29372 Fax: 474-9442

**Applicant Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location of Carts: \_\_\_\_\_

**VERIFICATION OF DISABILITY AND HOUSEHOLD OCCUPANCY**

I, the undersigned applicant, certify that I am (circle one) **temporarily** / **permanently** disabled and/ or visually impaired to extent I am unable to transfer my residential garbage cart to the curb. I also certify that there is no one in my household or employed by me who is able to transfer my garbage cart to the curb.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISABILITY STATEMENT BY PHYSICIAN (OR OPTOMETRIST)**

I, a licensed physician or optometrist, hereby certify that \_\_\_\_\_  
is disabled and/ or visually impaired to the extent he/she is unable to transfer his/her  
garbage cart to the curb.

Physician/Optomtrist Name: \_\_\_\_\_

Professional License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Physician/Optomtrist Signature: \_\_\_\_\_ Date: \_\_\_\_\_