



The City Of

# San Angelo, Texas

January 01, 2023

Dear Customer,

You have requested a **Disability Exemption** from the legal requirement of moving your garbage and mixed recycling waste containers to the curb side for service. Applications for a Disability Exemption shall comply with the following standards, terms and conditions:

- The applicant must be the principal occupant.
- The applicant must be disabled, precluding them from moving wheeled containers to the curbside for service due to physical impairment that is permanent or temporary.
- The applicant shall certify that no other person with them is physically able to move wheeled containers to the curbside for service.
- The applicant shall provide a doctor's statement verifying a medical condition that precludes them from moving wheeled containers to the curbside for service.

Proof of qualification for a Disability Exemption may be made by completing this application form (see reverse side also) and mailing it to:

City of San Angelo  
Solid Waste Division  
301 W. Beauregard Ave  
San Angelo, TX 76903

You will receive written verification regarding your eligibility status. If you have any questions regarding your qualification or eligibility status, you may call 325-486-3798 Monday–Friday 8 a.m.–5 p.m.

Disability Exemption status is subject to periodic evaluation and may not be a permanent agreement (depending on doctor's certification). The City may require persons granted this service to provide subsequent verification of eligibility upon request. It is the responsibility of a disabled customer to notify the City of any change that would void the exemption status, such as:

- An able-bodied person now resides that was not present at the time of the original request.
- A physical condition has improved in an existing resident.

If Disability Exemption service is provided and the above conditions are not met, or the result of a field audit reveals that an able-bodied person resides in the household, exemption status will be revoked.

Sincerely,  
Adolph Mascorro, Solid Waste Contract Manager

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*I have read the City of San Angelo Disability Exemption standards, terms and conditions above and understand exemption status may not be permanent, and that periodic evaluation may occur annually or at any other time deemed necessary by the City.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(PLEASE COMPLETE BOTH SIDES OF THIS FORM)**

**CITY OF SAN ANGELO**

**SOLID WASTE SERVICES DEPARTMENT  
DISABILITY EXEMPTION REQUEST FORM**

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

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

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Read the following statement carefully and check the box beside it if you agree.

- I request Disability Exemption because I am unable to bring my garbage and recycling containers to the curb, and there is no living or employed (part or full time) in my household who is able to move such containers to the curb.
- I give permission to solid waste collection personnel to enter the above referenced property for the purpose of collecting solid waste and hereby waive any claim against the City of San Angelo or its provider for any damages in connection with solid waste collection personnel entering this property for the purpose of solid waste collection.
- I understand my garbage and recycling containers will need to be located in an accessible area, as solid waste collection personnel cannot enter structures or gated areas to retrieve or return such containers.
- I acknowledge I will notify the Solid Waste Services Department if my need for this service ceases.
- I authorize my physician to release any information necessary to verify my disability.

My reason for needing assistance is (check one):

- I have a permanent physical disability.
- I have a temporary physical disability until (Date) \_\_\_\_\_  
I understand that after this date, I will be removed from the Need Assistance list.

I understand that Disability Exemption is for recycling and garbage collection only. I also understand that this service may be revoked at any time by the Solid Waste Services Department if I no longer qualify for assistance. This determination may be made based on observations by Solid Waste Services operations employees.

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

**Physician's Statement:**

For medical reason(s), the above individual is unable to and should not move the garbage cart and recycling cart to the curb each week. I have checked the correct status — either permanent or temporary. If temporary, I have indicated how long the customer will need assistance with collection service.

- Permanent       Temporary Until (date) \_\_\_\_\_

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

Physician Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SOLID WASTE SERVICES USE ONLY**

Date Received: \_\_\_\_\_ Date Customer Contacted: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

- Approved       Not Approved for reason: \_\_\_\_\_

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

Signature: \_\_\_\_\_