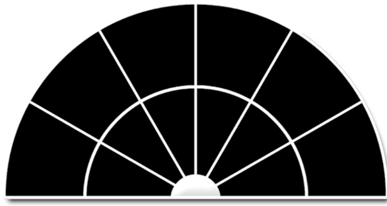

KINSTON PUBLIC SERVICES

Buildings & Grounds, Business Office, Electric, Engineering, Environmental Services, Fleet Maintenance, Meter Reading, Stormwater, Streets, Wastewater, and Water

Kinston, the right place ... Kinston Public Services, the right choice.

- CURBSIDE REFUSE COLLECTION -
- EXEMPTION APPLICATION -

24-hr Customer Service
(252) 939-3282

This exemption request applies only to those households where no one is physically able to roll the refuse cart to the curb for collection by the City of Kinston.

Applicant's Name ___________________________________ Telephone # ________________
Address ____

Please list each person living in household

Name	Age	Nature of Disability	Temporary or Permanent

Is anyone listed above physically able to roll the refuse cart to te curb for collection ?
Yes ________ No ________

I, the applicant, state that the above information is true and accurate and reflects the existing conditions. I acknowledge the City's right to investigate the information contained herein to verify disability.

Applicant's Signature ____ Date _____________

A Physician's Certification, stating, that in the doctor's opinion, the medical condition of the applicant and all other members of the household qualifies them for this service, will speed up the approval process. It must accompany this application when submitted to the City.

(for Official Use Only) Date Received _______________________

1. TO: Environmental Services Superintendent
   Approved __________ Denied __________
   ____

2. TO: ___________________________
   Collection Day ____________________
   Truck # _______ Date Truck Notified _________

PHYSICIAN'S CERTIFICATION

I, ____ hereby certify the above referenced patient(s) is/are either:

a.) Chronically or seriously ill, or

b.) On a life support system (heart, lung, respirator, etc.) requiring the continuous use of electricity

The medical condition, associated with the above referenced patient(s) is true, accurate, and will continue for:

a.) approximately __________ months, or

b.) permanently __________

Physician's signature ______________________________________ Date ________________

Address

Telephone #

Accepted by the City of Kinston

Name ____ Title ________________________

Signature ____ Date ________________