Town of Cary
Public Works Department
Curbside Collection Assistance Application

Mail completed form to:
Town of Cary Public Works Department, Attn: Data Entry, PO Box 8005, Cary, NC 27512-8005
or fax to (919) 469-4304.

Curbside Customer Information (please print):
Name: __________________________________________ Zip Code: ____________
Address: ______________________________________ Telephone Number: ________________________________

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

□ I request assistance with my curbside collection because I am unable to bring my
garbage and recycling containers to the curb, and there is no able-bodied person residing
with me who could move the containers.

My reason for needing assistance is (check one):

□ I have a temporary physical disability until __________________________
  • I understand that after this date, I will be removed from the assistance list.
  • I understand that curbside assistance is for recycling and garbage collection only,
    not yard waste, and the carts must be easily accessible and not enclosed in a fence.
  • I understand that this service is not available during inclement weather. Residents
    should bring their carts/bins to the curbside.

□ I have a permanent physical disability.
  • I understand that curbside assistance is for recycling and garbage collection only,
    not yard waste, and the carts must be easily accessible and not enclosed in a fence.
  • I understand that this service is not available during inclement weather. Residents
    should bring their carts/bins to the curbside.
  • I understand that this service will need to be updated biennially.
  • I understand that this service may be revoked at any time by the Public Works
    Department if I no longer qualify for assistance. This determination may be made
    based on observations by Solid Waste Division 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
curbside assistance service.

□ Permanent □ Temporary until (date) __________________________
Physician/M.D. Name: __________________________________________
Name of Practice: ________________________________________________
Practice Address: _________________________________________________
Physician/M.D. Signature: _________________________________________ Date: __________

FOR PUBLIC WORKS USE ONLY
Date Received: ______________ Date Customer Contacted: __________________________
Date of Site Visit: __________________________
□ Approved □ Not Approved for reason: __________________________________________
Name: __________________________________ Signature: ________________________