



**Environmental Services Division
Public Utilities Department
City of Santa Fe
"Special Collection Route Certification"**



If you are an individual who is elderly or disabled and unable to place your garbage carts at the curb for collection, you may request that your refuse collection driver retrieve the cart from your driveway, roll it out for service, and then place it back in its original location. Please ask your medical care provider to fill out, sign and date this form. Please include your name and the home address where your trash is serviced.

TO HEALTHCARE PROVIDER:

To document your patient's request for assistance
Please check one of the following:

CUSTOMER NAME (print): _____

HOME SERVICE ADDRESS: _____

This section to be filled out by Doctor or Medical Provider only.

Please check one of the following:

- Patient needs assistance with garbage all of the time.
- Patient needs assistance with garbage temporarily due to illness or injury.

Discontinue after _____ (date).

Other Comments:

Name of Healthcare Provider or Medical Establishment: _____

Phone Number: _____ Address: _____

I certify this patient needs assistance to get their garbage out for collection by the City of Santa Fe.

(X) _____ Title _____

Print Name _____ Date _____

Form may be completed by a Chiropractor (DC), naturopath (ND), physician or surgeon (MD or DO), podiatrist (DPM), advanced registered nurse practitioner (ARNP). Does not include persons licensed in the professions of dentistry and optometry.

RETURN YOUR COMPLETED FORM :

By Mail: Environmental Services Division
City of Santa Fe
PO Box 909
Santa Fe, NM 87504

By Fax: 505-955-2217 Attention: Customer Service