



## *Solid Waste Division*

*City Hall  
212 SW 9th Street  
Lawton, Oklahoma 73505  
Phone 580-581-3428  
Email SWC@LawtonOK.gov*

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Dear Lawton Resident:

The City of Lawton Solid Waste Division is offering assistance to residents with disabilities who live alone or with no able-bodied person in the household. Residents with permanent or temporary disabilities that impair their ability to place their trash container curbside can now apply for assistance.

Individuals currently on the disabled assistance program and future participants should fill out the attached application form. The form must be signed by the applicant's physician and state the limitation of the individual. The physician's statement and signature will allow those currently on the program to continue and new participants to qualify.

Filling out this application will allow the City to determine where service is needed. It also serves as permission for the City of Lawton employee to walk onto the participant's property to transport his/her trash cart to the disposal truck and back to the proper storage area. However, collectors shall not enter houses, gates, fenced portions of the premises, enclosed porches, garages or similar enclosures to make collections.

To continue receiving this discount, City Code requires that you annually certify your continuing eligibility. Annual certification renewal must be made during the month of January. If you do not renew your certification before January 31<sup>st</sup>, you will automatically be deleted from the program.

Our priority is the health and safety of our residents and this program assists residents with health challenges who may not be able to push their carts to the curbside and back.

If you have any questions, you may call Solid Waste Collections at 580-581-3428.

Sincerely,

Jason Mansel, City of Lawton Solid Waste Division Superintendent



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## APPLICATION FOR COLLECTION ASSISTANCE

Mail or Email to:  
City of Lawton Solid Waste Department

Name: \_\_\_\_\_ Residence Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*City of Lawton Code provides for houseside refuse service at no extra charge if each member of a household 13 year or older have an impairment which would not permit him/her to carry refuse cans or bags to the curbside.*

*22-4-1-401 A 4 "Disabled person" means any person who by reason of infirmity, or other physical or mental impairment is incapable of complying with the provisions of this chapter as it relates to the placement of refuse containers curbside. Included in the definition are children twelve (12) years of age and under;*

*22-1-4-141 B The head of household may apply for side of house service as described in Section 22-403 of this code, if all persons in the household are disabled as defined in Section 22-401 of this code. All other customers will receive curbside service unless an additional charge is paid as set forth in the fee schedule. To receive side of house service either by reason of disability or by payment of an additional fee, an application requesting the service must be submitted to and approved by the city. To discontinue such service, head of household must notify the revenue collection office. The disability exemption must be renewed annually during the month of January.*

I, the undersigned application, certify that I am temporarily permanently disabled and unable to set out my residential containers at the curb. I also certify that there is no one living or employed (part time or full time) in my household who is able to set out by containers at the curb.

I authorize City personnel to enter my property for the purpose of retrieving and emptying my refuse containers.

I understand that it is my responsibility to notify the Solid Waste Division to discontinue collection assistance services if I will no longer require this service.

I authorize my physician to release any information necessary to verify my disability.

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

### PHYSICIAN'S DISABILITY STATEMENT (MUST BE COMPLETED BY A LICENSED PHYSICIAN AND MUST BE LEGIBLE

I, a licensed physician, hereby certify that \_\_\_\_\_ is currently disabled as described below and unable to roll the container to the curb.

Nature of disability: \_\_\_\_\_

Physician: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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