



Date _____

Handicap House Side Sanitation Pickup Request

Name: _____

Service Address: _____

Mailing Address (If different from above) : _____

Telephone: _____ Age: _____

Information needed for consideration of service.

1. Type of handicap/disability _____

2. Verification of handicap/disability by attending physician _____

Physician Printed Name

Physician's Signature

3. Number of people in the household. _____

4. Are other people in the household able to assist with container placement?
Yes _____ No _____ Comments: _____

Please Note: Poly-carts must be placed in front of house and must be visible by the Sanitation driver from the street. Sanitation employees will not empty containers placed in gated or fenced portions of a residence nor if hazardous conditions exist such as vicious animals at the residence.

If you are approved for this service, a letter will be mailed to the above address.

Please return completed form to: Atoka City Hall, PO Box 900, Atoka, OK 74525

For Office Use Only

City Staff comments and evaluation only.

Approved _____

Denied _____