



# ***Environmental Services Department City of Warren***

613 Main Ave., S.W. Warren, Ohio 44483  
Phone: (330) 841-2561 • Fax: (330) 841-2920

*William Douglas Franklin  
Mayor*

**Eddie L. Colbert**  
Director of Service-Safety

**Deborah DelBene**  
Manager

## DISABILITY SERVICE APPLICATION

To be eligible for this adjusted rate, a person shall be the sole occupant of the household, be sixty-five (65) years of age or older, or be permanently and totally disabled. Upon approval of this application, a customer will receive backyard service at the standard curbside collection rate of \$17.37. No person eligible for an adjusted rate shall receive said rate until verification is received by the City.

Verification of a single occupancy household will be based on average water usage of 2,244 gallons of water per month, which is an equivalent to consumption 3 for billing purposes. Any household with water consumption that exceeds that for three (3) consecutive months will not be eligible for the reduced service rate of \$17.37 per month for backyard service.

A disability certificate, photo ID and proper proof of medical disability is required to be submitted before backyard service is started.

One of the following proofs of medical disability must accompany the application:

- Verification of disability signed by physician on physician's letterhead
- Disable Veterans ID Card
- Verification of disability signed by physician on physician's letterhead.

A disability certificate, photo ID and verification of disability signed by physician on physician's letterhead is required for all persons residing in a household where no one is able to move the container to the curb.

Any resident falsifying their statement of eligibility will be charged the full service rate for backyard service of \$26.37 from the time application was approved.

Clear access to the container must be provided by the resident.

Please return the application to the City of Warren, Environmental Services Department, 613 Main Ave. SW, Warren, Ohio 44481.

Application on reverse side



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## DISABILITY APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Birth Date \_\_\_\_\_

## RESIDENT'S STATEMENT OF ELIGIBILITY

I, \_\_\_\_\_ the undersigned, certify that  
I am the sole occupant of the above address and am physically unable to move the 96 gallon  
refuse collection container "toter" to the curb.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## PROOF OF MEDICAL DISABILITY DOCUMENTATION

The following must accompany the application:

- Verification of disability signed by physician on physician's letterhead
- Disabled Veterans ID card
- Ohio Department of Public Safety Handicap ID card

## PROOF OF AGE REQUIREMENT DOCUMENTATION

One of the following must accompany the application:

- Driver's License
- State issued ID card
- Passport

Mail application to:

Environmental Services Department  
613 Main Ave SW  
Warren, Ohio 44483

Instruction on reverse side