



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

Leann O'Brien
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 \$15.87. 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 \$15.87 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:

- Ohio Department of Public Safety Handicap I.D. Card
- Disable Veterans I.D. Card
- Verification of disability signed by physician on physician's letterhead

A disability certificate, photo ID and proper proof of medical disability 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 \$24.87 from the time application was approved.

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

One of the following must accompany the application:

- Ohio Department of Public Safety Handicap I.D. card
- Disable Veterans I.D. card
- Verification of disability signed by physician on physician's letterhead

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