

WM Application for Handicap / Disability Carry-Out Collection Service

- Requester must be living without daily assistance from family , friends or other care provider , to qualify .

Applicants name _____

Address _____

Phone # _____

Doctors comment concerning the need for "Carry- Out Collection"

Doctor Name _____

Doctor Signature _____

Address _____

Phone # _____

Please fax or mail this form to Waste Management upon completion

Fax : (321) 984-8170 , Address : 7382 Talona Drive , Melbourne Fl. 32904