

**CITY OF SUGAR LAND
APPLICATION FOR SOLID WASTE CART ASSISTANCE PROGRAM**

E-Mail/Mail completed form to:

Solidwasterequests@sugarlandtx.gov or;

City of Sugar Land, Environmental and Neighborhood Services, P.O. Box 110, Sugar Land, Texas 77487-0110.

Resident's Statement (please print):

Name: _____

Address: _____

Subdivision: _____ Phone Number: _____

My reason for needing assistance is (check one):

I have permanent physical condition.

I have a temporary physical condition until _____.

I understand that after the above date, I will be removed from the Cart Assistance Program.

Doctor's Certification:

I, the undersigned, hereby certify that I am a medical doctor licensed to practice medicine in the State of Texas. I further certify that this patient has an ongoing medical condition that prevents him/her from moving the garbage and recycling carts to the curb for collection.

Patient's Name	
Doctors Name and Degree	
Clinic/Facility Name	
Address	
Phone Number	

FOR SOLID WASTE DPT. USE ONLY

Date Received: _____ Date Customer Contacted: _____ Effective Date: _____