

Dear Resident:

This letter addresses the City of Asheville Sanitation Division's policy for residents who are unable to take their trash and/or recyclables to the curb on their collection days. The Code of Ordinances, Chapter 15 Solid Waste Management, Section 15-48 *Special Service* states the following:

“Hardship cases such as age, disability or infirmity, when confirmed by the Solid Waste Manager may be afforded the special service of refuse receptacle carryout and carry-back upon application.”

The special service described above is commonly known as “Special Service.” **Any resident who wishes to participate in the special service program must apply for the service by submitting a completed Request for Special Service form (see attached).** The Request for Special Service form must be signed by the individual requesting service. Also, a medical physician must sign the Request for Special Service form or the physician must submit a signed letter stating that the special service is needed. The Sanitation Division will periodically request new physician certifications to confirm the continued need for this service.

Submit completed Request for Special Service forms to the following address:

Sanitation Division
Public Works Department
P.O. Box 7148
Asheville, NC 28802

Once a completed Request for Special Service form has been received, a Sanitation Supervisor will investigate the request. If there is another person capable of taking the trash or recycling to the curb at the residence, the request will be denied. If your request is denied, you will be contacted.

If you are approved to receive special service, a sanitation and/or recycling worker will retrieve your trash and recyclables from the front, side, or back of your home. Workers are not permitted to enter any home, garage, shed or other enclosed structure to collect trash or recyclables. All trash must be bagged before it is placed into your trash receptacle. Any loose trash in your container will not be collected. Recyclables should be placed in your recycling bin. If you do not have a recycling bin or are unsure of when your recycling collection occurs, please contact Curbside Management, Inc. at 828-252-2532.

It is important to remember that the special service program is available only to those residents with legitimate needs. If you have any questions or concerns, please contact the Sanitation Division at 828-259-5857.

Sincerely,

Wendy Simmons
Solid Waste Manager

Attached



Sanitation Division
Public Works Department
P.O. Box 7148
Asheville, NC 28802

REQUEST FOR SPECIAL SERVICE

Section I - To be completed by resident:

I certify by my signature below that I am physically impaired or otherwise not capable of placing my residential trash container and/or recycling bin at the curb for pick-up by the City of Asheville or its designated representative.

I further request special service from the City of Asheville's Sanitation Division for carryout and carry-back service. Please check the service(s) that are being requested:

- (A) Refuse special service (maximum six (6) bags): _____
- (B) Recycling special service (maximum four (4) bins): _____

Name: _____
 Address: _____

 Phone No.: _____

 Signature Date

Section II - To be completed by physician:

Physicians Name: _____
 Address: _____

 Phone No.: _____

Option A or B must be completed by a physician.

Option A:

I certify by my signature below that _____ is physically
Patient's name
 impaired or otherwise not capable of placing his/her residential trash container and/or recycling bin at the curb for pick-up by the City of Asheville or its designated representative.

Physician Signature: _____

Option B:

Attach a note signed by a physician confirming the patient's need for special service.



Sanitation Division
Public Works Department
P.O. Box 7148
Asheville, NC 28802

For Office Use Only

I approve/disapprove this special service request.

Date recycling service was notified: _____

Date Supervisor was notified: _____

Date special service will begin: _____

Comments: _____

Supervisor

Date

Solid Waste Manager

Date

Day:	Supervisor:
Truck #:	Rear Loader or Pick-Up Truck List