

To qualify for Assisted Garbage Collection Service, all individuals residing at the service address must be certified by a licensed physician as physically unable to place household waste in standard refuse containers without assistance.

**Applicant Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Service Address: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

The assisted garbage collection service is valid for a **period of one year** from the date of approval by the City of Alamogordo. To maintain eligibility, the service must be renewed annually by submitting a new, completed application to the City.

**Additional Information**

Please provide information on others living in the residence.

Name: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Name: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

**Physician Information**

I, the undersigned, am a licensed physician authorized to practice medicine in New Mexico. I hereby certify that the applicant, along with any additional individuals listed in this application, is physically unable to transport household waste to alley dumpsters and/or cannot place a poly-cart at the curbside for standard waste collection. Based on my professional assessment, I recommend that the applicant be approved for Assisted Garbage Collection Service due to medical necessity.

Physician's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Utilities Department  
42 Valley View Drive  
La Luz, NM 88337

Or scan and email to: [utilities@ci.alamogordo.nm.us](mailto:utilities@ci.alamogordo.nm.us)

**Internal Use Only**

Request is:  Approved  Denied Valid Through: \_\_\_\_\_

Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Submitted to Solid Waste Collection Contractor: \_\_\_\_\_