



**CONFIDENTIAL**  
**APPLICATION FOR SPECIAL HARDSHIP RECYCLING AND GARBAGE PICK-UP**

**NOTE: Approvals are valid for two years. A new application must be submitted to be considered for renewal.**

**PART I ~ APPLICANT INFORMATION:**

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

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

Email: \_\_\_\_\_

Are there other residents in the household? Yes \_\_\_\_ No \_\_\_\_

(If Yes, please indicate names, ages and whether or not they are physically disabled below.)

\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2 ~ PERSONAL PHYSICIAN'S STATEMENT OF DISABILITY:** *The doctor's office must either fax this form to (262) 835-2388 or email this form to RSchmidt@caledonia-wi.gov. All completed applications will be kept confidential and maintained in a secure location. Applications will only be shared with those involved in deciding whether to approve or deny the application, or unless disclosure is required by law.*

The above-named applicant is under my care and is physically unable to move household garbage and recycling materials to the deposit area at the street because of the following condition:

\_\_\_\_\_  
\_\_\_\_\_

This disability is: Permanent \_\_\_\_ Temporary \_\_\_\_ (Indicate estimated duration below)

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (Please print) \_\_\_\_\_ Phone: \_\_\_\_\_

**Village of Caledonia ~ Office Use Only:** Date Submitted: \_\_\_\_\_

Signatures: Engineer \_\_\_\_\_ Village Administrator \_\_\_\_\_

Date Approved: \_\_\_\_\_ Contractor Notified By: \_\_\_\_\_ Date: \_\_\_\_\_