



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 tchristensen@caledoniawi.com. 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: _____