



**CITY OF NEWTON PUBLIC WORKS**  
1700 NORTH 4TH AVENUE WEST  
NEWTON, IOWA 50208  
641-792-6622  
WWW@NEWTONGOV.ORG

**REQUEST FOR EXEMPTION  
FROM  
CURBSIDE COLLECTION OF SOLID WASTE AND RECYCLABLES**

I, \_\_\_\_\_, do hereby state that all members of my household are physically incapable of taking solid waste and recyclable materials to the curb of my residence located at \_\_\_\_\_, Newton, Iowa. I request that arrangements for door side collection of solid waste and recyclable materials be made for this address. The solid waste and recyclables will be placed (location of containers): \_\_\_\_\_

Below is a signed doctor's notice verifying physical incapacity to meet the curbside requirement for each member of my household.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Doctor's Authorization of Physical Handicap**

I DO HEREBY VERIFY THAT \_\_\_\_\_ IS PHYSICALLY HANDICAPPED AND INCAPABLE OF LIFTING AND CARRYING SOLID WASTE AND RECYCLABLE MATERIALS TO THE CURB OF HIS/HER RESIDENCE BECAUSE OF THE FOLLOWING PHYSICAL LIMITATIONS: (PLEASE PRINT EXPLANATION)

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

SIGNED: DR. \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_