

**Ann Edwards  
County Executive**



**County of Sacramento**

**Dave Defanti,  
Deputy County Executive  
Community Services**

**Waste Management and  
Recycling  
Keith Goodrich – Director**

## **DISABILITY EXEMPTION REQUEST PACKET**

Dear Customer,

To be eligible for a disability exemption service for your garbage, recycling and organics carts, all of the following standards, terms, and conditions must be met:

1. The applicant must be the principal occupant;
2. The applicant must be disabled, precluding them from moving wheeled carts to the curbside for service due to physical impairment that is permanent or temporary;
3. The applicant shall certify that no other person residing with them is physically able to move wheeled carts to the curbside for service;
4. The applicant shall provide a doctor's statement verifying a medical condition that precludes them from moving wheeled carts to the curbside for service;
5. The applicant's property shall allow for the wheeled carts to be placed no more than 125 feet from the street. The wheeled cart path to the street must be a hard (solid) surface;
6. The applicant shall be responsible for unlocking any gates by 6:00 am on the service day if the wheeled carts are behind a locked gate; and
7. Any pets on the property must be kept under control whenever the County is servicing the carts.

If you meet the criteria listed above, please complete the disability exemption application form and submit by mail or email to:

County of Sacramento, Consolidated Utilities and Billing Service  
10481 Armstrong Ave., Suite 210, Mather, CA 95655

Email: [utilities@saccounty.gov](mailto:utilities@saccounty.gov)

## **Disability Exemption Request Packet**

You will receive written verification regarding the status of your disability exemption request. If you have questions regarding your qualification or eligibility status, please call 916-875-5555; TDD (hearing impaired) 7-1-1, Monday - Friday / 8:00 a.m. - 4:30 p.m.

Disability exemption status is subject to periodic evaluation. The County may require persons granted this exemption status to provide subsequent verification of eligibility upon request.

It is the responsibility of a disability exempt customer to notify the County of any change that would void the exemption status, such as:

- An able bodied person now resides at the property that was not present at the time of the original request, or
- A physical condition has now improved in an existing resident.

If a disability exemption request is approved and subsequently it is determined that the qualifying criteria for such exemption are no longer being met, or the result of a field audit reveals that an able-bodied person resides in the household, the exemption status will be revoked.

## Disability Exemption Request Packet

### **DISABILITY EXEMPTION APPLICATION**

Account Number\*: \_\_\_\_\_

Address\*: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **Primary Contact**

Name\*: \_\_\_\_\_ Phone Number\*: \_\_\_\_\_

#### **Secondary Contact**

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

Relationship to Applicant: \_\_\_\_\_

I have read the County of Sacramento disability exemption standards, terms, and conditions and understand exemption status may not be permanent, and that periodic evaluation may occur annually or at any other time deemed necessary by the County. I confirm that I will comply with each of following:

- I am the principal occupant of this residence and am physically unable to move wheeled carts to the curbside for service.
- No other occupant at this residence is physically able to move wheeled carts to the curbside for service.
- My property allows for wheeled carts to be placed no more than 125 feet from the street.
- The wheeled cart path to the street is a hard (solid) surface.
- I will unlock any gates by 6:00 am on the service day if the wheeled carts are behind a locked gate.
- Any pets on my property will be kept under control whenever the County is servicing the carts\*

I certify that my answers to these questions are true and correct.\*

Applicant's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Generally, exemptions granted are valid for three (3) years as long as the ownership status and other conditions on the application remain unchanged. You will receive a renewal letter and application at the 3-year mark.

## Disability Exemption Request Packet

### PHYSICIAN STATEMENT

Name of Physician\*: \_\_\_\_\_

Medical License Number\*: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The applicant's disability is\*:  Permanent  Temporary

If temporary, the applicant will be physically able to move wheeled carts to the curbside for service on: \_\_\_\_\_ (Date)

I certify that the above named applicant is currently physically unable to move the wheeled carts in question to the curbside for service.\*

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

(\* denotes a required field)

#### **OFFICE USE ONLY**

Approved

Denied

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

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

Reason for Denial: \_\_\_\_\_