

CITY OF COLEMAN
DEPARTMENT OF SOLID WASTE MANAGEMENT
AFFIDAVIT/WAIVER

NAME: _____ DATE OF BIRTH _____

ADDRESS _____ TELEPHONE _____

ZIP CODE _____ UTILITY ACCT. NO. _____

To qualify for the curbside exemption, please complete the following information:

1. Are you the primary utility account holder?
YES _____ NO _____ OTHER _____

2. Does another individual reside at this address that is capable of placing your refuse container on the curb?
YES _____ NO _____

Waiver must be notarized and returned to City Hall, 200 W. Live Oak, St., Coleman, Texas 76834

APPLICANT'S SIGNATURE _____

SWORN TO and Subscribed before me on this _____ day of _____ 20_____.

(SEAL)

NOTARY PUBLIC SIGNATURE

If you are claiming waiver from curbside collection, please have your physician answer and sign below.

_____ is a patient of mine and it is my opinion that he/she is physically or mentally
unable to take his/her refuse to the curb.

Physician Signature _____

Office Address _____ Telephone
Number _____

FOR OFFICE USE ONLY

_____ Approved _____ Disapproved

APPROVAL BY _____
DATE _____

REASON FOR DENIAL: _____