

CITY OF CLEVELAND HEIGHTS
REFUSE AND RECYCLING DIVISION
SPECIAL REFUSE COLLECTION PROGRAM APPLICATION

Name _____ Phone _____

Address _____ Date of Birth _____

Email address, if applicable _____

Please check all that apply:

I am 75 years of age or older

I am younger than 75 years old and have a documented medical condition that prohibits me from moving my refuse and/or recycling cart to the curb for collection (Please enclose medical documentation)

I do not have another household member, relative, friend or neighbor that can assist me with moving the cart to the curb.

All information provided is confidential

I authorize the City of Cleveland Heights to enter upon my property to collect my refuse and recycling cart. I understand that it is my responsibility to bag all refuse before placing it in the refuse cart and to place recyclables from the list of acceptable items loose in the recycling cart. I will provide clear access to my backyard or another specified area for collection.

I indemnify and save harmless the City of Cleveland Heights, its officers, agents, and employees from and against any and all claims, causes and action, demands, suits, judgments, liabilities and/or damages occurring directly or indirectly as a result of my participation in the program. I hereby state that all of the information I have provided is true and accurate to the best of my knowledge.

Signature _____ Date _____

Please complete this application and return to:

City of Cleveland Heights Public Works Department

40 Severance Circle

Cleveland Heights, Ohio 44118