

Solid Waste Collection City Hall, 1st floor 808 W. Spokane Falls Blvd. Spokane, WA 99201-3333 Phone: 311 *Inside City

509.755.CITY (2489) *Outside City

Fax: 509.625.6560

Website: my.spokanecity.org/solidwaste

MEDICAL PACK OUT ASSISTANCE REQUEST FORM

If you are elderly or disabled, you may qualify for assistance moving your solid waste carts to and from your collection location as provided for in the Spokane Municipal Codes (SMC). Please have this form filled out by a Health Care Professional and return to the Solid Waste Collection Department. You may either fax or mail it to the address listed above. Thank you!

SMC 13.02.0332; Assistance to Elderly and/or Disabled Individuals:

Elderly or disabled residents who are unable to place their containers and have no other available resources to comply with the requirements of this chapter for setting out containers for collection pick-up may request free assistance from the department, upon a proper showing of need. Such individuals are responsible for providing proof of disability as recognized by the State of Washington, in Chapter 308-96B Washington Administrative.

Name o	f Patient:	
Phone Number:		
Addres	s:	
	check one of the following:	
☐ Patient needs assistance with garbage all of the time.		
☐ Patient needs assistance with garbage temporarily due to illness or injury.		
D	scontinue after (date).	
□ Patient needs assistance with garbage only during the winter and poor weather conditions.		
Desired cart location on property (patio, front porch, etc.) ¹ :		
Comme	nts:	
Name o	f Healthcare Establishment:	
Phone Number:Address:		
I certify	that this patient needs assistance in getting their g	arbage out for collection by the City.
(Signat	ure & Title)	(Date)

¹ Cart placement must be approved in advance by a Solid Waste Collection Supervisor. Carts must be in a location that is free of obstructions and ensures the drivers' safety at all times.

