DEPARTMENT OF PUBLIC WORKS

CITY OF SYRACUSE, MAYOR SHARON F. OWENS

Curbside Garbage & Recycling Exemption Form

Overview: Submit this form if you have a physical or other limitation that prevents you from complying with the curbside collection program. By submitting this form, you are certifying that neither you nor anyone in your home is capable of moving a garbage or recycling collection container out to the curb for service. Residents requesting an exemption from curbside garbage collection shall comply with the following standards, terms, and conditions:

- The applicant must be the principal occupant.
- The applicant must have a physical or other limitation, precluding them from moving a collection container to the curb for service.
- The applicant shall certify that no other person residing with them is physically able to move the collection containers to the curb for service.
- The applicant's collection containers must be easily accessible to sanitation workers and not enclosed in a fence or garage.
- This form must be completed and submitted for approval each year.

Application Checklist:

☐ Completed Application (Page 2).

☐ Provide a doctor's statement verifying that the applicant has a medical condition that precludes them from moving collection containers to the curb for service. The statement must be dated and printed on the medical practice letterhead.

Submittal Instructions:

1. Application must be completed in its entirety. Incomplete applications will not be processed.
2. Application must be completed by the property owner of the residence.
3. Application and additional documents must be submitted either by mail or email to Cityline.
   City of Syracuse, **Cityline Office**
   City Hall
   233 East Washington Street,
   Syracuse, NY 13202
   315-448-2489 | cityline@syr.gov

Application Review Process:

1. **Application is Submitted**: Completed application and additional documents submitted to Cityline for review.
2. **Application is Reviewed**: Upon review and processing of the application by Cityline, the Department of Public Works will contact you regarding your accommodation.

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Personal Information:

Applicant First Name: _____ Applicant Last Name: _____

Applicant Age: _____ Phone Number: _____

Email: _____

Address: _____

Signature: _____

***The application will not be processed until we receive this form and a medical verification statement.*