For disabled residents: To have the city pick up your garbage can from around your house, empty it, and return it to where it was, please fill out the form below and return it to the city Waste Management Department.

DEPA	Lexington-Fayette Urban County Government RTMENT OF ENVIRONMENTAL QUALITY AND PUBLIC WORKS
Jim Gray Mayor	Dowell Hoskins-Squier Commissioner
	EXEMPT REQUEST FORM
RESIDENT INFO	RMATION
NAME:	
ADDRESS:	
NUMBER OF PEO	PLE LIVING AT RESIDENCE:
PHONE:	AGE:
I HAVE A G	REEN TRASH CART
I HAVE A B	LUE RECYCLING CART
PHYSICIAN INFOI PLEASE COMPLET	RMATION – [PLEASE PRINT INFORMATION] 'E INFORMATION BELOW:
PHYSICIAN INFOI PLEASE COMPLET I,	RMATION – [PLEASE PRINT INFORMATION] TE INFORMATION BELOW: (NAME OF PHYSICIAN)
PHYSICIAN INFOI PLEASE COMPLET I,	RMATION – [PLEASE PRINT INFORMATION] 'E INFORMATION BELOW:
PHYSICIAN INFOI PLEASE COMPLET I, certify that able to PLACE the tr	RMATION - [PLEASE PRINT INFORMATION] TE INFORMATION BELOW:
PHYSICIAN INFO PLEASE COMPLET I, certify that able to PLACE the tr Please check one of t Temporary Exemptio	RMATION - [PLEASE PRINT INFORMATION] TE INFORMATION BELOW:
PHYSICIAN INFO PLEASE COMPLET I, certify that able to PLACE the tr Please check one of t Temporary Exemptio	RMATION - [PLEASE PRINT INFORMATION] TE INFORMATION BELOW:
PHYSICIAN INFOI PLEASE COMPLET I, able to PLACE the tr Please check one of t Temporary Exemptio Permanent Exemption PHYSICIAN'S SIGN	RMATION - [PLEASE PRINT INFORMATION] 'E INFORMATION BELOW:
PHYSICIAN INFOI PLEASE COMPLET I, certify that able to PLACE the tr Please check one of t Temporary Exemptio	RMATION - [PLEASE PRINT INFORMATION] 'E INFORMATION BELOW: