



C.A.P.

Cart Assistance Program

Resident may qualify for Special Cart Assistance Program for trash offered by the City of Cleburne Sanitation Department.

Name: _____ Phone: _____

Account#: _____ Address: _____

Reason for Request: _____

I confirm there is no one residing at the residence that is able to fulfill the task of getting trash cart to curb on pick-up day.

Citizen Signature: _____ Date: _____

Please have physician complete the following and sign.

Is resident physically able to move filled trash cart to curb?

- YES
- NO

If **NO**, then is medical improvement expected?

- YES
- NO

If **YES**, the expected duration of request:

- 1 – 3 months
- 4 – 6 months
- 9 – 12 months
- 13 – 24 months

Office Address: _____

Phone: _____

Physician Signature: _____ Date: _____

Please mail completed form to:

City of Cleburne
Sanitation Dept.
PO Box 677
Cleburne, TX 76033