

Office: 10 Tramway Loop NE Albuquerque NM 87122

Mailing: 20 Tramway Road NE Albuquerque NM 87122

● Phone: (505) 856-6419 ● Email: customerservice@sandiapeak.com ● Secure Fax: (505) 856-6335

If you are a customer of Sandia Heights Sanitation Department, who is elderly or disabled and unable to place your trash bins at the curb for collection, and you certify that no person(s) in the household/residence are capable of rolling the trash bin to the curb, you may request that your trash collection driver retrieve the cart from your driveway, roll it out for service and then place it back in its original location. Please ask your medical care provider to fill out, sign and date this form. Please include your name and the service address where your trash is collected.

CUSTOMER NAME (please print): _____ ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____ PHONE NUMBER: _____

Where will your bin(s) be placed? _____

I attest all residing in the household are physically unable to roll the trash bin(s) to the curbside for collection.

Customer Signature

Date

***** **THIS SECTION TO BE FILLED OUT BY DOCTOR OR MEDICAL PROVIDERS ONLY** *****

Form must be completed by a Chiropractor (DC), Naturopath (ND), Physician or Surgeon (MD or DO), Podiatrist (DPM) or an Advanced Registered Nurse Practitioner (ARNP). Does not include persons licensed in the professions of dentistry and optometry.

***This form is valid for a period of three years from the date of issuance.

If patient needs assistance with garbage temporarily due to illness or injury please state:

Discontinue after _____ (date).

• Other Comments: _____

• Name of Healthcare Provider
or Medical Establishment: _____

• Address: _____ • Phone Number: _____

I certify that this patient needs assistance from Sandia Heights Services Sanitation Department in getting their garbage out for collection.

Printed Name of Healthcare Doctor or Medical Provider

Signature of Healthcare Doctor or Medical Provider

RETURN YOUR COMPLETED FORM TO:

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