



**Cart Assistance for Accessibility Needs
2026 APPLICATION**

Customers who are not physically able to place their trash or recycling cart at the curb for collection may place their cart at a location convenient for them. The refuse/recycling will be collected on the assigned refuse day by Waste Management. This service does not include yard waste collection. This service comes at no additional cost to the resident. *A medical statement from a licensed physician will be required and is provided below under Physician Certification.* Once certified by your physician please mail the completed form to:

**City of Galesburg
Attn: Community Development
P.O. Box 1387
Galesburg, IL 61402-1387**

Applicant Form

Name: _____

Street: _____

City/State/Zip: _____ Phone: _____

By signing this application, I certify that I am physically incapable of taking my refuse to the terrace and that there is no one at my residence who is capable.

Under penalties of perjury, I declare that I have examined the statements certified by me above, and to the best of my knowledge they are true and correct.

Applicant's Signature

Date

Physician Certification

To be completed by a licensed physician

_____ is a patient under my care, and it is my opinion that he/she is physically unable to place his/her waste cart at the curb for collection.

Printed Name of Physician: _____ Date: _____

Physician Signature: _____

Office Address: _____

Office Phone: _____