To All New Valet Service Customers

Please note that for permanent disability, certification of eligibility will be required annually. Renewal is the responsibility of the applicant. Renewal forms can be picked up at City Hall, Public Works, printed from the city website or by email.

**Valet Service is only for residential garbage/recycling collection.**

Please complete the enclosed form and return it to the Solid Waste/Recycling Department. The Solid Waste/Recycling Department is pleased to offer once a week valet waste collection services to residents who are unable to bring their containers to the curb. In order to provide the Valet Service efficiently, we must make sure that this service is provided only to qualified residents. Qualified residents are those individuals who, because of a permanent or temporary physical disability, are unable to bring the garbage waste/recycling cart to the curb, **and who do not share a residence with an able-bodied person who could move the waste receptacles.**

If you require Valet Service collection because of a permanent or temporary physical condition, you must have a physician confirm your inability to bring your waste cart to the curb.

**The application will not be considered complete without a physician's signature.**

Your doctor’s office should return the completed form by mail or email which is listed at the bottom of the form. Thank you for your cooperation with this process.

For more information contact Recycling Coordinator Rachel Shumaker at 701-456-7873 or by email at Rachel.shumaker@dickinsongov.com.

Sincerely,

Aaron Praus  (aaron.praus@dickinsongov.com)
Solid Waste/Recycling Manager
City of Dickinson
3411 Public Works Blvd.
Dickinson, ND 58601
www.dickinsongov.com
Mail completed form to:
Solid Waste/Recycling Dept.-Valet Service, 3411 Public Works Blvd., Dickinson, ND 58601
or email to Rachel.shumaker@dickinsongov.com

Citizen’s Statement (please print):
Name: ___________________________ Phone #: __________________ Email (optional): ___________________________
Address: ____________________________________________________________

Read the following statement carefully, and check the box beside it if you agree.
☐ I request Valet Service because I am unable to bring my waste cart to the curb, and there is no able-bodied person residing with me who could move the container.

My reason for needing assistance is (check one):
☐ I have a permanent physical disability.
☐ I have a temporary physical disability until ____________________; I understand that after this date, I will be removed from the Valet Service list.

I understand that the Valet Service is for waste collection only. I also understand that this service may be revoked at any time by the Solid Waste/Recycling Department if I no longer qualify for assistance. This determination may be made based on observations by Solid Waste operations employees. I also give permission to the City of Dickinson employees to enter upon my property for the purpose of moving the cart to the curb and I agree that I will store the cart in a conspicuous, outdoor location easily accessible to the City of Dickinson Staff and free of obstructions.

Signature: ___________________________ Date: ___________________________

Physician’s Statement:

The city issued 96 gallon waste collection cart weighs about 40 lbs., and is equipped with 10” inch wheels to make rolling the cart to the curb/street simple. In comparison, a standard retail shopping cart weighs 56 lbs. and is equipped with 4” inch wheels.

For medical reason(s), the above individual is unable to and should not move the garbage cart to the curb each week. I have checked the correct status—either permanent or temporary. If temporary, I have indicated how long the customer will need valet service.

   Permanent (renewed annually) Temporary until (Date) ___________________________

Physician Name: __________________________________________________________
Physician Address: _________________________________________________________
Physician Signature: ___________________________ Date: ___________________________

FOR SOLID WASTE/RECYCLING DEPARTMENT USE ONLY

Date Received: ___________________________ Date Customer Contacted: ___________________________
☐ Approved ☐ Not Approved ———— Reason: ___________________________________________________________
Name: ___________________________ Signature: ___________________________