



City of Pewaukee
 W240N3065 Pewaukee Road
 Pewaukee, WI 53072
 (262)-691-0770 Secure Fax: (262) 691-6009

CONFIDENTIAL
APPLICATION FOR SPECIAL HARDSHIP PICK-UP

PART I ~ APPLICANT INFORMATION:

Name: _____ **Phone:** _____

Address: _____

Email Address: _____

Are there other residents in the household? Yes ____ **No** ____

(If Yes, please indicate names, ages and whether or not they are physically disabled below.)

Applicant Signature _____ Date: _____

PART 2 ~ PERSONAL PHYSICIAN'S STATEMENT OF DISABILITY: *The doctor's office must either fax this form to (262) 691-6009 or email this form to hr@pewaukee.wi.us (both are secure/ confidential). All completed applications will be kept confidential and maintained in a secure location. Applications will only be shared with those involved in deciding whether to approve or deny the application, or unless disclosure is required by law.*

The above-named applicant is under my care and is physically unable to move household garbage and recycling materials to the deposit area at the curb or alley because of the following condition:

This disability is: Permanent ____ Temporary ____ (Indicate estimated duration below)

Physician's Signature _____ Date: _____

Physician's Name (Please print) _____ Phone: _____

City of Pewaukee ~ Office Use Only: Date Submitted: _____

Signatures: DPW Director _____ City Administrator _____

Date Approved: _____ Contractor Notified By: _____ Date: _____