



## DEPARTMENT OF PUBLIC WORKS

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The residential garbage and recycling program in the City of Waukesha has switched to automated collection in most parts of the city. This means that a garbage truck will pull up to the curb in front of residences and by use of a mechanical arm system, will pick up, dump and return your cart(s) to the curb.

To facilitate this change, wheeled garbage and recycling carts have been provided to residents with curbside pickup. These carts must be used for the collection of garbage and recycling material. The carts have wheels and handles which make it easier to maneuver.

The only exceptions are properties which have alley pickup of their materials – these properties will not be getting the wheeled carts. Instead, residents will continue to set out materials in the alley in regular garbage bags, cans or recycling bins.

To assist persons with disabilities or other reasons of hardship and do not have the assistance of anyone else in the household to help, the City of Waukesha has contracted with Advanced Disposal to provide Walk-Up Service to persons who qualify.

### Qualified residents must:

1. Be physically unable to wheel their cart to the curb for collection.
2. Have no one else who can assist them, such as a spouse or other live-in family member or a personal assistant.
3. Be certified by a physician as needing assistance.
4. Fill out and return the required request for exemption form (page 2).

Send completed requests to:

**Recycling & Solid Waste Coordinator**  
**City of Waukesha**  
**130 Delafield St.**  
**Waukesha, WI 53188**

For questions, call 262-524-3593 or email [dnolan@waukesha-wi.gov](mailto:dnolan@waukesha-wi.gov).

**ENGINEERING DIVISION**  
Alex Damien, PE  
City Engineer  
130 Delafield St  
Waukesha, WI 53188  
262-524-3600

**MUNICIPAL PARKING SERVICES**  
Fred Ripley  
Parking Supervisor  
241 South St  
Waukesha, WI 53186  
262-524-3622  
Fax – 262-650-2573

**STREETS DIVISION**  
300 Sentry Dr  
Waukesha, WI 53186  
262-524-3615  
Fax – 262-524-3612

**CLEAN WATER PLANT**  
Jeff Harenda  
Plant Manager  
600 Sentry Dr  
Waukesha, WI 53186  
262-524-3625  
Fax – 262-524-3632

**WAUKESHA METRO TRANSIT**  
Brian Engelking  
Transit Manager  
2311 Badger Dr  
Waukesha, WI 53188  
262-524-3634  
Fax – 262-524-3646

## SPECIAL WALK-UP SERVICE REQUEST FORM

This application is a request for SPECIAL WALK-UP SERVICE in the City of Waukesha with Advanced Disposal for Garbage & Recycling Collection. This special service may be requested by a licensed physician on behalf of a patient for whom the moving of the wheeled garbage and recycling carts would present an unnecessary hardship or is impractical by reason of physical condition or medical problem. **Please allow a minimum of five business days for processing this exemption request.**

<b>Office Use Only</b> Date Request Form Received:			PLEASE PRINT OR TYPE		
<b>Part A: To be completed by applicant</b>					
Last Name:	First:	Middle:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Are you or anybody within your household able to wheel your carts to the curb for collection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the legal property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is the property owner's name?		Property Owner Contact Phone: (    )		
Street Address:		Home Phone Number: (    )		Mobile Phone Number: (    )	
Mailing Address:	Town:	State: WI		ZIP Code:	
<p>I, the undersigned applicant, certify that I am <input type="checkbox"/> permanently <input type="checkbox"/> temporarily disabled and unable to wheel my garbage and recycling carts to the curb for collection. I also certify that there is no one in my household, in my employ, or providing in home assistance to me from a third party that is able to get my carts to the curb. I authorize my physician to release any information necessary to verify my disability.</p>					
Applicant's Signature _____			Date _____		

<b>Part B: To be completed by physician</b>					
Physician's Name:		Physician Type:		License Number:	
Physician's Address:		Town:	State:		Zip Code:
Telephone Number: (    )	Fax Number: (    )		Email:		
<p><b>Note to Physician:</b> Please review the description of the wheeled household garbage and recycling collection carts on page 1 of this application form prior to signing. By completing and signing this form you are indicating that it is harmful or impractical for the patient (applicant) named above to use these specifically required wheeled carts for the collection of garbage and recycling due to his or her physical condition or medical problem.</p>					
Is the applicant your patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<p><b>Physician statement and request for patient exemption from use of wheeled garbage and recycling collection carts.</b> Describe how use of the wheeled household garbage and collection carts would be harmful or impractical for your patient to use. Include the specific reason you believe Walk-Up Service to be justified. Please print clearly or type.</p>					
This exemption should be:					
<input type="checkbox"/> Permanent					
<input type="checkbox"/> Temporary until _____					

I certify by my signature that I am a physician licensed to practice medicine in Wisconsin, and that in my judgment the patient named above should be granted Special Walk Up Service for Garbage & Recycling Collection as described in this request.

_____ <i>Physician's Signature</i>	_____ <i>Date</i>
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