



819 Superior Avenue  
Tomah, Wisconsin 54660  
Public Works Phone: (608) 374-7430  
Utilities Phone: (608) 374-7431  
[www.tomahwi.gov](http://www.tomahwi.gov)

## **PROGRAM TO ASSIST DISABLED RESIDENTS WITH TOTES**

In order to assist persons with disabilities or those that are physically unable, and who do not have anyone to help them, the City of Tomah has set up a program to help those residents get their recycling and garbage collected.

Qualified residents will have their totes wheeled to the curb and back by The City of Tomah Sanitation Operators.

### **TO QUALIFY FOR THE RESIDENTIAL DISABLED ROLL-OUT SERVICE RESIDENTS MUST:**

- Be unable to wheel their totes to the curb for collection.
- Have no one else who can assist them, such as, a spouse or other live in family member or a personal care provider.
- Be certified by a licensed Physician or Optometrist as needing assistance.
- Fill out and return the required Residential Disabled Roll-Out Service Application. The Public Works Department reserves the right to request an annual review.

### **PARTICIPATION GUIDELINES:**

- On collection day your totes MUST be placed where they can be seen from the street.
- In winter, a path MUST be clear of snow and ice so our staff can get the totes to the street and back safely.
- The City of Tomah will not enter any buildings, the tote must be placed at an outside location.

### **APPLICATION FOR RESIDENTIAL ROLL-OUT SERVICE:**

Please fill out the Residential Disabled Roll-Out Service Application, have it signed by a licensed Physician or Optometrist and return the application to:

**City of Tomah**  
**Attn: Disability Roll Out Service**  
**819 Superior Ave**  
**Tomah, WI 54660**

Forms can also be sent to [cskowronski@tomahwi.gov](mailto:cskowronski@tomahwi.gov) or faxed to: 608-374-7444.

**APPLICATION FOR  
RESIDENTIAL DISABLED ROLL-OUT SERVICE  
CITY OF TOMAH**

**APPLICANT INFORMATION (please print)**

NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

**APPLICANT'S VERIFICATION OF DISABILITY & HOUSEHOLD OCCUPANCY**

I, the undersigned applicant, certify that I am permanently disabled and unable to wheel my recycling and garbage tote to the curb. I also certify that there is no one in my household, under my employment, or providing in-home assistance to me from a third party, that is able to wheel my tote to the curb.

I authorize my licensed Physician or Optometrist to release any information necessary to verify my disability.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DISABILITY STATEMENT**

To be completed by a Licensed Physician or Optometrist if applicant is legally blind.

I, a Licensed Physician or Optometrist, hereby certify that \_\_\_\_\_ (applicant) is currently disabled as described below and is unable to get his/her recycling and garbage totes to the curb.

Nature of Disability:

\_\_\_\_\_

I further certify that this disability is:

\_\_\_\_\_ Permanent in nature and continuing for the applicant's lifetime.

\_\_\_\_\_  
Name of Physician or Optometrist

\_\_\_\_\_  
Hospital/Clinic Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Care Provider

\_\_\_\_\_  
Date