

**CITY OF NEW CASTLE  
REQUEST FOR EXCEPTION  
TO CURBSIDE PLACEMENT OF  
MUNICIPAL WASTE, RECYCLABLE MATERIALS  
AND LEAF WASTE**

Date: \_\_\_\_\_, 20\_\_\_\_\_

Name: \_\_\_\_\_  
(Print name of property owner making request)

Property  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone  
Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Certification**

I hereby certify that the Property Address set forth above is occupied solely by person(s) with illness, injury, incapacity or other physical handicap which prevents the person(s) from placing municipal waste, recyclables and leaf waste at the curb, as evidenced by the attached form executed by a licensed physician.

I verify that the statements made herein are true and correct to the best of my information, knowledge and belief. I understand that false statements made herein are made subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**This form must be completed and submitted every calendar year.**

**A copy of the physician's affidavit MUST BE attached to this form.**

## PHYSICIANS AFFIDAVIT

I hereby make the following statement relative to \_\_\_\_\_ (“Patient”):

1. Patient suffers from an illness, injury, incapacity or other physical handicap which prevents patient from placing municipal waste, recyclables and leaf waste at the curb.
2. It is my professional opinion stated in terms of reasonable medical certainty that patient’s condition will continue to exist until \_\_\_\_\_, 20\_\_\_\_.
3. I verify that the statements made herein are true and correct to the best of my information, knowledge and belief. I understand that false statements made herein are made subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician