

WASTE MANAGEMENT OF NEW MEXICO, INC.

VERTIFICATION OF NEED FOR HANICAP SERVICE

In order to qualify for handicap service, a doctor must sign this form stating that no persons in the household are capable of rolling the trash collection cart to the curb.

DATE: \_\_\_\_\_

TO: Waste Management of New Mexico, Inc.

[nmbill@wm.com](mailto:nmbill@wm.com) or

Fax # 1-866-591-0477

Customer Service Address: \_\_\_\_\_

\_\_\_\_\_

Name of all residents at above address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No one residing at this residence is physically capable of rolling the trash cart curbside for pickup.

\_\_\_\_\_  
Customer Signature

I, \_\_\_\_\_ attest, that the below listed has been a patient (s) of mine since \_\_\_\_\_ as a result of the patient (s) condition are not physically able to wheel the garbage container to the curb.

Patient: \_\_\_\_\_

Patient: \_\_\_\_\_

Patient: \_\_\_\_\_

Patient: \_\_\_\_\_

This condition is: Temporary

Permanent

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number