



Solid Waste Management
1802 Courtland Rd., NE
Roanoke, VA 24012
Fax: 540-510-4360

Physicians Certification
for
Physically Challenged Service
within the City of Roanoke

DATE: _____

RE:

Mr. /Mrs. /Ms. _____

Address: _____

Phone: _____

As a licensed physician, I certify and affirm that the patient mentioned above is unable to transport solid waste, including recyclables, generated by the applicant residing in the above-referenced dwelling unit to the public street or public alley. It is my professional recommendation that the aforementioned person be excused from transporting solid waste to the public street or alley for a period beginning on _____ (month, date, year) and ending on _____ (month, day, year or indefinitely).

Sincerely,

Physician's Name (please print): _____

Physician's Address: _____

Phone: _____