



City of Shreveport

Public Works – Solid Waste Division

1731 Kings Hwy, Shreveport, LA 71103

Phone: 318-216-0825

Fax: 318-673-6320

Email: Morketia.washington@shreveportla.gov

Garbage Assistance Program For Handicapped, Elderly, & Disabled Citizens

Date: _____

Applicant's Name: _____

Applicant's Address: _____ Shreveport, LA _____

Phone Number: (____) _____ Other Number: (____) _____

Applicant's Statement:

I hereby certify that I am the individual listed on this application, and that I am unable to carry my garbage to the curbside for collection. I further certify that there is no one residing with me who is physically able to carry garbage to the curbside for collection. This service is provided to residents who comply with the rules set forth by the City Ordinance Sec. 74-28 b, c, d. Any falsification of information gives us the right to terminate these services.

Applicant's Signature:  _____

Physician's Statement: Permanently Disabled Temporarily Disabled Until _____ 

I hereby certify that I have examined the applicant listed above, and that this individual is physically unable to carry their garbage to the curbside for collection. I have checked the box above that best describes their disability, completed the bottom section on this form and attached an additional statement on my Physician's Letterhead stating that my patient is physically unable to carry his or her garbage cart to the curbside for collection.

Physicians Name (print only): _____

Office Address: _____ Shreveport, LA _____

Office Phone: _____ Office Fax: _____

Physician's Signature: _____ Date: _____

Please mail, fax, or email your application along with the Physician's Letterhead Copy.

*****DO NOT WRITE BELOW THIS LINE*****

Applicant's Trash Day: _____ Date Received: _____ S.W. Initials: _____

Approved: _____ Disapproved: _____ Expiration Date: _____



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Dear Applicant:

You recently requested an application for our Handicapped Garbage Assistance Program for disabled citizens.

The city ordinance which authorizes the change to curbside garbage service established two requirements which must be met before a disabled citizen can receive this service.

These are the requirements:

1. The applicant must complete the Applicant's Statement Section, (top and middle section) certifying that there is no one in the home who is physically able to carry his/her garbage to the curbside for collection. In addition, your physician should complete the lower section and sign.
2. The applicant must provide a Physician's Letterhead Statement, certifying that the applicant is physically unable to carry his/her garbage to the curbside for collection. **(This is a direct medical statement written or typed by your doctor on his or her physician's letterhead.)**

Enclosed you will find the application to review. If you meet the qualifications listed above, please complete, sign, and return both forms requested.

Upon approval, your application will remain active for two years. All information gathered is confidential and will not be given out to any other entity. If there are any changes during this period, we ask that you call our office and notify us.

Should there be any questions or concerns, please contact Morketia Washington at (318) 216-0825 or email, Morketia.washington@shreveportla.gov.

Thank you,

Morketia Washington

Morketia Washinton, Management Assistant

Both forms are required for review of approval.