



Village of Whitefish Bay  
 5300 N. Marlborough Dr.  
 Whitefish Bay, WI 53217  
 Phone: 414-962-6690  
 Fax: 414-962-5651

## EXEMPTION APPLICATION FOR A 35-GALLON TRASH CART or ON-PROPERTY TRASH AND RECYCLING COLLECTION

In order to assist residents who have difficulty with the requirement of placing the wheeled household trash and recycling carts at the curb or alley edge, the Village will do the following for those who qualify:

- Without a physician's signature: Provide residents with a smaller 35-gallon trash cart. The requirement of placing the wheeled household trash and recycling carts at the curb or alley edge still applies.
- With a physician's signature: Exempt such approved residents from the requirement.

### Qualified residents must:

1. Be unable to wheel the household carts to the curb or alley edge for collection.
2. Have no one else who can assist them such as a spouse, live-in family member, or a personal assistant.
3. Fill out **PART A** and **PART B** of the attached exemption application. The application is on Page 2.
4. Have a physician fill out and sign **PART C** of the application if requesting on-property collection.
5. Mail or drop off the completed exemption application to Village Hall:

#### *Mailing Address*

5300 N. Marlborough Dr.  
 Whitefish Bay, WI 53217

#### *Physical Address*

155 W. Fairmount Ave. (Temporary Location)  
 Whitefish Bay, WI 53217

### Approval and Renewal Process:

Following receipt of the application, Village Staff will review the documentation and make a determination regarding exemption request approval (usually within 2 weeks). Village Staff will inform the applicant of the decision. If a General Exemption is approved, an applicant will be required to renew their exemption on May 1, 2020, and every two years thereafter. If a Temporary Exemption is approved, the exemption will expire after a temporary timeframe as determine by Village Staff.

### Appeal Process:

**A completed application does not guarantee approval.** If the exemption request is denied, Village Staff will inform the applicant of the decision. The applicant has the right to appeal the decision to the Village Manager.

## INFORMATION REGARDING CART SIZE FOR TRASH AND RECYCLING COLLECTION

	95-Gallon	65-Gallon	35-Gallon
<b>Width</b>	<b>29"</b>	<b>27"</b>	<b>20"</b>
<b>Depth</b>	<b>34"</b>	<b>28"</b>	<b>23"</b>
<b>Height</b>	<b>45"</b>	<b>41"</b>	<b>39"</b>

For assistance with this request contact Tim Blakeslee, Assistant Village Manager, at 414-962-6690 ext. 139.  
 More garbage and recycling information is available on the Village's website at [www.wfbvillage.org](http://www.wfbvillage.org).



**EXEMPTION FOR A 35-GALLON TRASH CART or ON-PROPERTY TRASH AND RECYCLING COLLECTION**

**PART A: GENERAL INFORMATION - TO BE COMPLETED BY APPLICANT**

Basic Information		Residence	
1. Name (Last, First)		12. How many other people live in the home besides yourself?*	
2. Age		<b>*An approved exemption application is required for each adult in the household.</b>	
3. Street Address		Informational	
4. City/State	Whitefish Bay, Wisconsin	13. Are you able to mow your lawn or shovel your driveway?	<input type="radio"/> Yes <input type="radio"/> No
5. ZIP	<input type="radio"/> 53211 <input type="radio"/> 53217	14. Are you able to operate a vehicle?	<input type="radio"/> Yes <input type="radio"/> No
6. Home Phone		15. Do you have a disabled parking permit?	<input type="radio"/> Yes <input type="radio"/> No
7. Mobile Phone		Signature	
8. E-mail		I certify that I am unable to wheel my trash and recycling carts to the curb or alley edge for collection. I also certify that there is no one in my household, in my employ, or providing in home assistance to me from a third party that is able to get my carts to the curb or alley (select one box and sign below).	
9. Are you the legal property owner?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> I am applying to receive a smaller 35-gallon Village provided trash collection cart. <b>SIGN BELOW AND COMPLETE PART B ONLY. DO NOT COMPLETE PART C.</b> <input type="radio"/> I am applying for on-property collection service. I authorize my physician to release information to verify my hardship. <b>SIGN BELOW AND SKIP TO PART C.</b>	
Property owner info (If not applicant)		Applicant Signature: _____ Date: _____	
10. What is the property owner's name?			
11. Property owner's phone			

**PART B: SMALL CART OPTION - TO BE COMPLETED BY APPLICANT**

I am applying to receive a smaller 35-gallon Village provided trash collection cart and do not require on-property trash and recycling collection service from Village Staff. <u>Please read and check the box to the right.</u>	<input type="radio"/> I understand that I will be required to wheel both the new 35-gallon trash collection cart that I will receive and my current 95-gallon recycling collection cart to the curb for collection. <b>DO NOT COMPLETE PART C.</b>
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**PART C: ON-PROPERTY SERVICE - TO BE COMPLETED BY PHYSICIAN**

Physician Instructions and Information		Exemption Questions	
Please review the description and size attributes of the wheeled household garbage and recycling collection carts on Page 1 of this application form prior to signing. By completing and signing this form you are indicating that it is harmful or impractical for the patient (applicant) named above to wheel the required carts to the curb for collection of trash and recycling due to his or her physical condition or medical problem.		10. Is the applicant your patient?	<input type="radio"/> Yes <input type="radio"/> No
1. Name (Last, First)		11. Physician Statement: Describe how the use of the wheeled household trash and recycling collection carts would be harmful or impractical for your patient to use. Include the specific reason you believe the exemption to be justified. Please print clearly or type below (attach additional page if needed):	
2. Physician Type			
3. License Number			
4. Physician's Address			
5. City			
6. State			
7. Zip Code			
8. Office Phone Number			
9. E-mail			
		12. For the reason stated above, the patient should be exempt from the use of the following: (check all that apply)	<input type="radio"/> 95-gallon wheeled collection carts <input type="radio"/> 65-gallon wheeled collection carts
		13. This exemption should be:	<input type="radio"/> General (Renewed in May 2020) <input type="radio"/> Temporary until: _____
I certify by my signature that I am a physician licensed to practice medicine in Wisconsin, and that in my judgment the patient named above should be exempted from moving the wheeled collection carts to the curb as described in this request:		<b>Office use only:</b>	
Physician's Signature: _____ Date: _____			